



EMPLOYEES RETIREMENT SYSTEM OF TEXAS

**ACTUARIAL VALUATION OF OTHER POST-EMPLOYMENT
BENEFITS PROVIDED UNDER THE TEXAS EMPLOYEES
GROUP BENEFITS PROGRAM
GOVERNMENTAL ACCOUNTING STANDARDS BOARD
STATEMENT NO. 74 FOR THE FISCAL YEAR ENDING AUGUST 31, 2017
(REVISED)**

Rudd and Wisdom, Inc.

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November 17, 2017

Board of Trustees
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Attached is our Actuarial Valuation of the Other Post-Employment Benefits (OPEB) provided under the Texas Employees Group Benefits Program (GBP) administered by the Employees Retirement System of Texas (ERS) for the Fiscal Year ending August 31, 2017 (GBP OPEB). The purpose of this valuation is to provide accounting information that is required by the Governmental Accounting Standards Board Statement No. 74 (GASB No. 74) which sets forth the financial reporting standards for plans of state and local governments that provide post-employment benefits other than pension benefits. Such benefits are referred to collectively as OPEB. The results of this valuation are appropriate only for purposes of GASB No. 74. (Effective with FY17, GASB No. 74 replaces and supersedes GASB No. 43 in its entirety.) *This report reflects revisions to the report dated November 3, 2017 due to the restatement of the Fund 3973 financial statements required by the State Auditor's Office and replaces the previous report in its entirety.*

The GBP provides OPEB for retired employees of the State of Texas and certain institutions of higher education and other agencies as specified in Chapter 1551 of the Texas Insurance Code. For purposes of this report, the participating employers are referred to collectively as the Employer.

GASB No. 74 and GASB No. 75 operate together to form the basis of financial reporting for OPEB by the plan (GASB No. 74) and by the employer/plan sponsor (GASB No. 75). Depending upon plan structure, GASB presents several alternatives for coordinated plan and employer/sponsor reporting.

The Office of the Comptroller of Public Accounts (CPA) has determined that the GBP is a cost-sharing multiple employer plan that is administered in accordance with paragraph 3 of GASB No. 74 which applies to trusts, or equivalent arrangements, that meet the following criteria:

- a) Contributions from employers and **nonemployer contributing entities** to the OPEB plan and earnings on those contributions are irrevocable,
- b) OPEB plan assets are dedicated to providing OPEB benefits to plan members in accordance with the benefit terms, and
- c) OPEB plan assets are legally protected from creditors of employers, nonemployer contributing entities, and the OPEB plan administrator. If the plan is a defined benefit OPEB plan, plan assets are also legally protected from creditors of the plan members.

Therefore, based on the determination of the CPA, ERS reports under paragraphs 19 through 36 of GASB No. 74 and references to GASB No. 74 should be interpreted accordingly.

Please refer to the glossary in Section X of this report for the definitions of certain GASB No. 74 terms which are indicated below in boldface type the first time they appear.

Actuarially Determined Contribution

Under Paragraph Nos. 36.c and 63 of GASB No. 74, the **Actuarially Determined Contribution (ADC)** is a recommended contribution for the reporting period, determined in conformity with Actuarial Standards of Practice. Consistent with the methodology used in recent years to calculate the Annual Required Contribution under GASB No. 43, the ADC is equal to the plan's **Normal Cost** plus an amount to amortize the **Net OPEB Liability** over a period that does not exceed 30 years.

The Employer is not *required* to contribute the ADC to the plan each year; instead, if the Employer contributes an amount less than the ADC, this fact is disclosed as Required Supplementary Information, as described below.

The ADC provides a basis for evaluating whether the employer's contributions for OPEB are adequate to fund the benefits during the working lifetime of current employees (i.e., the Normal Cost) and to amortize existing unfunded obligations (i.e., the obligations for current retirees plus that portion of the current employees' obligations that are attributed to past service) in a systematic manner over the amortization period. Per GASB No. 74, the following information is to be disclosed as Required Supplementary Information as shown on page VI-2 of this report.

The ADC for the fiscal year ending August 31, 2017 is \$2.715 billion. Employer contributions for the period totaled \$0.937 billion. Therefore, Employer contributions were equal to about 35% of the ADC.

Consistency with Assumptions Used for Retirement Plan Valuations

Most of the employees and retirees covered by the GBP are also covered by either the ERS or Teacher Retirement System (TRS) retirement plans that are subject to periodic actuarial valuations. Where appropriate, for purposes of this report, we have utilized assumptions previously adopted by the ERS and TRS Boards for use in performing the retirement plan valuations. However, certain aspects of the OPEB valuation process require the use of assumptions that are unique to OPEB; for example, the discount rate assumption and the health benefit cost trend assumption as discussed below.

Changes in Actuarial Assumptions

Since the last valuation was prepared for this plan, demographic assumptions (including rates of retirement, disability, termination, and mortality, assumed salary increases and assumed age differences for future retirees and their spouses for select classes of State Agency employees), assumed aggregate payroll increases and the assumed rate of general inflation have been updated to reflect assumptions recently adopted by the ERS Trustees. These new assumptions were adopted to reflect an experience study on the ERS retirement plan performed by the ERS retirement plan actuary.

In addition, assumed Expenses, assumed Per Capita Health Benefit Costs and assumed Health Benefit Cost, Retiree Contribution and Expense trends have been updated to reflect recent experience and its effects on our short-term expectations and the revised assumed rate of general inflation. Furthermore, the percentage of current retirees and their spouses not yet eligible to participate in the HealthSelect Medicare Advantage Plan and future retirees and their spouses who will elect to participate in the plan at the earliest date at which coverage can commence, the proportion of future retirees covering dependent children and the percentage of future retirees assumed to be married and electing coverage for their spouse have been updated to reflect recent plan experience and expected trends.

Lastly, the discount rate assumption was lowered as a result of requirements by GASB No. 74 to utilize the yield or index rate for 20-year, tax-exempt general obligation municipal bonds rated AA/Aa (or equivalent) or higher. (See below for additional details.)

For a complete list of assumptions, see Section VIII of this report.

Discount Rate Assumption

In accordance with Paragraph No. 48 of GASB No. 74, the discount rate should be the single rate that reflects the following:

- (a) the long-term expected rate of return on OPEB plan investments that are expected to be used to finance the payment of benefits, to the extent that (i) the OPEB plan's fiduciary net position (i.e., plan assets) is projected to be sufficient to make projected benefit payments and (ii) OPEB plan assets are expected to be invested using a strategy to achieve that return, and
- (b) 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), to the extent that the conditions in (a) are not met.

For each future period, if the amount of the OPEB plan's fiduciary net position is projected to be greater than or equal to the benefit payments that are projected to be made in that period and OPEB plan assets up to that point are expected to be invested using a strategy to achieve the long-term expected rate of return, the actuarial present value of benefit payments projected to be made in the period should be determined using the long-term expected rate of return on those investments. Per Paragraph No. 52 of GASB No. 74, the long-term expected rate of return should be based on the nature and mix of current and expected OPEB plan investments over a period representative of the expected length of time between (1) the point at which a plan member begins to provide service to the employer and (2) the point at which all benefits to the plan member have been paid. For this purpose, the long-term expected rate of return should be determined net of OPEB plan investment expense but without reduction for OPEB plan administrative expense. The municipal bond rate discussed in (b) above should be used to calculate the actuarial present value of all other benefit payments. The discount rate is the single rate of return that, when applied to all projected benefit payments, results in an actuarial present value of projected benefit payments equal to the total of the actuarial present values determined using the long-term rate of return and the municipal bond rate applied to the appropriate periods as described above.

For this plan, the amount that the participating employers contribute to the OPEB plan each year is limited to the anticipated cost of providing benefits incurred during that year. As a result, the GBP is not expected to accumulate funds. (Although there are some accumulated funds as of August 31, 2017, such funds provide less than a full year's benefit payments and are expected to be depleted shortly.) Since no plan assets are expected to accumulate, the discount rate assumption must be based solely on the municipal bond rate discussed in (b) above. The assumed discount rate for the fiscal year ending August 31, 2017 is 3.51% based upon the Bond Buyer Index of general obligation bonds with 20 years to maturity with an average credit quality that is roughly equivalent to Moody's Investors Service's Aa2 rating and Standard & Poor's Corp.'s AA rating.

Health Benefit Cost Trend

For purposes of this valuation, the health benefit cost trend represents the expected annual rate of increase in health benefit costs, excluding the effects of changes in demographics and changes in plan provisions.

The health benefit cost trend has exceeded the rate of price increases in the general economy, as measured by changes in the Consumer Price Index (CPI), for many decades. Although this pattern is expected to continue for the foreseeable future, many economists anticipate that the degree to which the health benefit cost trend exceeds general inflation will eventually abate. These economists believe that the health benefit cost trend will reach an ultimate level that still exceeds general inflation, but not by as wide a margin as in past decades.

The health benefit cost trend assumption used in this report begins with our short term expectations of expected health benefit cost increases in the next year and gradually declines to a rate that exceeds the assumed rate of general price inflation by 2.0%.

Changes in Plan Provisions

Under Q/A #4.107 of GASB's Implementation Guide No. 2017-2, Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans, any plan changes that have been adopted and communicated to plan members by the time the valuation is prepared must be included in the valuation. Accordingly, this valuation reflects the benefit changes that became effective September 1, 2017, since these changes were communicated to plan members in advance of the preparation of this report. The benefit changes for HealthSelect retirees and dependents for whom Medicare is not primary include:

- an increase in the out-of-pocket cost applicable to services obtained at a free-standing emergency facility;
- elimination of the copayment for virtual visits;
- a reduction in the copayment for Airrosti; and
- for out-of-state participants, (i) elimination of the deductible for in-network services and (ii) application of a copayment rather than coinsurance to certain services like primary care and specialist office visits.

These minor benefit changes are provided for in the FY 2018 Assumed Per Capita Health Benefit Costs. There are no benefit changes for HealthSelect retirees and dependents for whom Medicare is Primary. For a complete description of the benefit provisions, see Section IX of this report.

High-Cost Plan Excise Tax

Consistent with the prior valuation, the effects of the High-Cost Plan Excise Tax imposed by the ACA under Internal Revenue Code Section 4980I (sometimes referred to as the “Cadillac Tax”) have been included in this valuation. The Excise Tax becomes effective in 2020, but the plan is not expected to be subject to the tax until 2060 based on current plan provisions, assumptions and participant demographics. The Net OPEB Liability is increased by the \$521 million present value of the estimated Excise Taxes in future years, and the associated increase to the ADC is \$19 million.

Medicare Part D

The Medicare Prescription Drug Improvement and Modernization Act of 2003 introduced a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree healthcare benefit plans that provide a prescription drug benefit that is at least actuarially equivalent to the basic coverage provided under Medicare Part D (the Retiree Drug Subsidy).

For purposes of GASB No. 74, the valuation of future OPEB may not reflect the anticipated receipt of future federal government subsidy payments under the Medicare Part D Prescription Drug Program as required under GASB Technical Bulletin No. 2006-1. The Bulletin requires that Retiree Drug Subsidy payments to an employer be reported by the employer as revenue, rather than being netted against the employer’s OPEB cost for prescription drug coverage.

ERS implemented an Employer Group Waiver Plan plus Commercial Wrap (EGWP plus Wrap) on January 1, 2013 in order to provide the plan with the benefit of increased subsidies and discounts available under such an arrangement. The Retiree Drug Subsidy has been significantly reduced as a result of the implementation of the EGWP plus Wrap. The Retiree Drug Subsidies are excluded from this valuation in accordance with GASB Technical Bulletin No. 2006-1.

The projected cost of the EGWP plus Wrap reflects the subsidies which are expected to be provided by the Federal government under Medicare Part D and the discounts expected to be provided by drug manufacturers as required under the ACA.

Variability in Future Actuarial Measurement

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following:

- Plan experience differing from that anticipated by the economic or demographic assumptions;
- Changes in economic or demographic assumptions;
- Increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period); and
- Changes in plan provisions, applicable law or applicable accounting standards.

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.

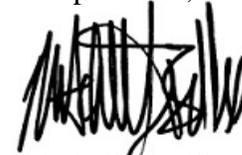
Aside from the required sensitivities of the Net OPEB Liability to changes in the discount rate and healthcare cost trend rates presented on page V-3, we have not been asked to perform and have not performed any stochastic or deterministic sensitivity analyses of the potential ranges of such future measurements. If you have an interest in the results of any such analysis, please let us know.

Please let us know if you have any questions or need additional information concerning this report.

Respectfully submitted,



Philip S. Dial, F.S.A.



Mitchell L. Bilbe, F.S.A.



Christopher S. Johnson, F.S.A.

PSD/MLB/CSJ:ec

Enclosures

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**GASB STATEMENT NO. 74
ACTUARIAL VALUATION**

**AS OF AUGUST 31, 2017
FOR THE FISCAL YEAR ENDING AUGUST 31, 2017**

**FOR THE
OTHER POST-EMPLOYMENT BENEFITS UNDER THE
TEXAS EMPLOYEES
GROUP BENEFITS PROGRAM**

(REVISED)

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Section I - Certification of GASB No. 74 Actuarial Valuation

At the request of the Employees Retirement System of Texas (ERS), we have performed an actuarial valuation of the Other Post-Employment Benefits provided under the Texas Employees Group Benefits Program (GBP) for the twelve-month period ending August 31, 2017 (GBP OPEB). The purpose of this report is to present the results of our valuation and provide the information necessary to determine financial statement entries consistent with the Governmental Accounting Standards Board Statement No. 74 Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans (GASB No. 74).

Actuarial computations under GASB No. 74 are for purposes of fulfilling governmental plan financial accounting requirements. The calculations reported herein have been made on a basis consistent with our understanding of GASB No. 74 and the GBP. The information presented in this report is solely for purposes of compliance with GASB No. 74. This report does not provide any advice with respect to the manner in which the benefits are funded (i.e., pay-as-you go funding as opposed to prefunding the benefits).

We have based our valuation on current and former employee data as of August 31, 2017 provided by ERS and the Teachers Retirement System (TRS) and plan provisions provided by ERS. We have used the actuarial methods and assumptions described in Section VIII of this report. The actuarial valuation has been performed on the basis of the plan benefits described in Section IX.

To the best of our knowledge, all current active and retired employees eligible to participate in the plan as of the valuation date and all other individuals who have a vested benefit under the plan have been included in the valuation. Furthermore, to the best of our knowledge and belief, all plan benefits have been considered in the development of costs.

ERS and TRS remain solely responsible for the accuracy and comprehensiveness of the respective data provided. However, to the best of our knowledge, no material biases exist with respect to any imperfections in the data provided by these sources. To the extent that any imperfections exist in the data records, we have relied on best estimates provided by ERS and TRS. We have not audited the data provided, but have reviewed it for reasonableness and consistency relative to previously provided information.

To the best of our knowledge, the actuarial information supplied in this report is complete and accurate. In our opinion, each of the assumptions used is reasonably related to the experience of the plan and to reasonable expectations and represents our best estimate of anticipated experience under the plan solely with respect to that individual assumption. All of our work conforms to generally accepted actuarial principles and practices and to the Actuarial Standards of Practice issued by the Actuarial Standards Board.

Rudd and Wisdom, Inc. prepared and presented in Sections V and VI of this report the information that is required to be included in the notes to the Financial Statements and the Required Supplementary Information.

The undersigned individuals are members of the American Academy of Actuaries who meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

Mitchell L. Bilbe, F.S.A.
Member of American Academy of Actuaries

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Section II - Summary of Valuation Results

All employer liabilities and costs presented throughout this report are net of any member contributions, member cost sharing and formulary rebates. For convenience, the information presented in Item D on page II-3 combines the information presented in Items A, B and C below.

A. Number of Group Benefits Program Members as of August 31, 2017

	Members	Covered Spouses	Covered Dependent Children	Total
Actives	230,199 ¹	40,910 ²	125,356 ²	396,465 ²
Deferred Vesteds	11,557	0 ²	0 ²	11,557 ²
Retirees and Nominees	117,880 ³	29,767	10,113	157,760
Total	359,636	70,677	135,469	565,782

¹ Includes return-to-work retirees and employees who have not yet satisfied the waiting period.

² Rather than use current spouse/dependent child coverage information, actuarial assumptions are used to estimate the future number of spouses and dependent children that will be covered at retirement.

³ Includes 4,248 retirees who receive the Opt-Out Credit in lieu of health benefits.

B. Liabilities as of August 31, 2017

The **Actuarial Present Value of Projected Benefit Payments** is the amount of assets that would have to be invested on the valuation date so that the amount invested plus future investment earnings would provide sufficient assets to pay total projected benefits when due.

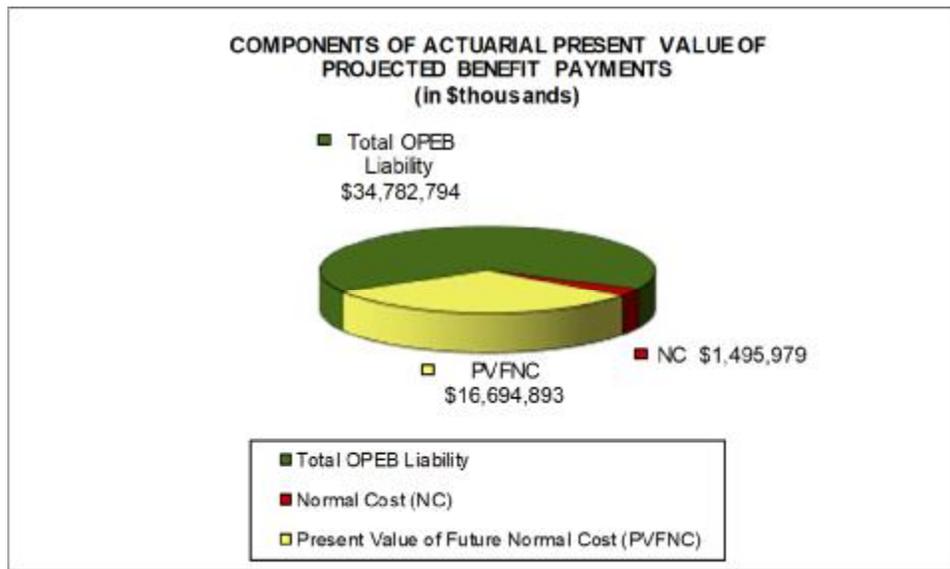
The **Total OPEB Liability (or Actuarial Accrued Liability)** is the portion of the Actuarial Present Value of Projected Benefit Payments that is attributed to the plan members' past employment service as of the valuation date.

The **Normal Cost** is the portion of the Actuarial Present Value of Projected Benefit Payments that is attributed to the plan members' current year of employment service.

The **Actuarial Present Value of Future Normal Costs** is the portion of the Actuarial Present Value of Projected Benefit Payments expected to be attributed to plan members' future years of employment service. (As shown below, it does not include the current year Normal Cost.)

	Actuarial Present Value of Projected Benefit Payments (\$ thousands)	Total OPEB Liability (\$ thousands)	Normal Cost (\$ thousands)	Actuarial Present Value of Future Normal Costs (\$ thousands)
Actives	\$ 36,982,172	\$ 18,791,300	\$ 1,495,979	\$ 16,694,893
Deferred Vesteds	1,990,603	1,990,603	0	0
Retirees and Nominees	14,000,892	14,000,892	0	0
Total	\$ 52,973,666^a	\$ 34,782,794^a	\$ 1,495,979	\$ 16,694,893

^a Adjusted due to rounding error caused by rounding individual components.



C. Fiduciary Net Position, Net OPEB Liability and Actuarially Determined Contribution for FY 2017

The **Fiduciary Net Position (or Actuarial Value of Plan Assets)** is the fair market value of plan assets available as of the valuation date to pay for plan benefits.

The **Net OPEB Liability (or Unfunded Actuarial Accrued Liability)** is excess of the Total OPEB Liability over the Fiduciary Net Position.

The **Actuarially Determined Contribution (ADC)** represents the amount of the contribution that would be required to fund the Normal Cost and amortize the Net OPEB Liability over a period of 30 years. Details of the development of the ADC may be found in the next section of this report.

Actuarial Valuation Date	Fiduciary Net Position (\$ thousands)	Net OPEB Liability (\$ thousands)	Actuarially Determined Contribution (ADC) (\$ thousands)
August 31, 2017	\$ 709,783	\$ 34,073,012	\$ 2,714,958 ¹

¹ Comprised of Normal Cost of \$1,495,979,208 and \$1,218,978,885 to amortize the Net OPEB Liability over a period of 30 years.



D. Summary of Results for FY 2017

Actuarial Valuation Results as of August 31, 2017		
	(\$ thousands)	As a % of Payroll
1. Number of Members (actual count, not in thousands)		
a. Actives	230,199	
b. Deferred Vesteds	11,557	
c. Retirees and Nominees	<u>117,880</u>	
d. Total Number of Members	359,636	
2. Payroll of Active Members for FY 2017	\$ 11,745,310	
3. Actuarial Present Value of Projected Benefit Payments		
a. Actives	\$ 36,982,172	
b. Deferred Vesteds	1,990,603	
c. Retirees and Nominees	<u>14,000,892</u>	
d. Total	\$ 52,973,666 ¹	451.0%
4. Total OPEB Liability		
a. Actives	\$ 18,791,300	
b. Deferred Vesteds	1,990,603	
c. Retirees and Nominees	<u>14,000,892</u>	
d. Total	\$ 34,782,794 ¹	296.1%
5. Fiduciary Net Position	\$ 709,783	6.0%
6. Net OPEB Liability [4.d. – 5.]	\$ 34,073,012 ¹	290.1%
7. Actuarially Determined Contribution for FYE August 31, 2017		
a. Normal Cost	\$ 1,495,979	12.7%
b. Amortization of Net OPEB Liability	<u>1,218,979</u>	<u>10.4%</u>
c. Total ADC for FYE August 31, 2017	\$ 2,714,958	23.1%

¹ Adjusted due to rounding error caused by rounding individual components.



E. Changes in Liabilities Since the Prior Valuation

The Total OPEB Liability and the Normal Cost have both increased since the prior valuation due to the combined effect of growth due to passage of time, Actuarial Gains, changes to the Actuarial Assumptions, and changes to the plan provisions.

An **Actuarial Gain or Loss** occurs from one valuation to the next if the experience of the plan differs from that anticipated by the actuarial assumptions. The plan experienced gains in the Total OPEB Liability during the fiscal year ending August 31, 2017 as shown in the table on the next page.

The **Actuarial Assumptions** are used to project the demographic events and economic forces that affect the cost of the plan. Since the last valuation was prepared for this plan, demographic assumptions (including rates of retirement, disability, termination, and mortality, assumed salary increases and assumed age differences for future retirees and their spouses for select classes of State Agency employees), assumed aggregate payroll increases and the assumed rate of general inflation have been updated to reflect assumptions recently adopted by the ERS Trustees. These new assumptions were adopted to reflect an experience study on the ERS retirement plan performed by the ERS retirement plan actuary.

In addition, assumed Expenses, assumed Per Capita Health Benefit Costs and assumed Health Benefit Cost, Retiree Contribution and Expense trends have been updated to reflect recent experience and its effects on our short-term expectations and the revised assumed rate of general inflation. Furthermore, the percentage of current retirees and their spouses not yet eligible to participate in the HealthSelect Medicare Advantage Plan and future retirees and their spouses who will elect to participate in the plan at the earliest date at which coverage can commence, the proportion of future retirees covering dependent children and the percentage of future retirees assumed to be married and electing coverage for their spouse have been updated to reflect recent plan experience and expected trends.

Lastly, the discount rate assumption was lowered as a result of requirements by GASB No. 74 to utilize the yield or index rate for 20-year, tax-exempt general obligation municipal bonds rated AA/Aa (or equivalent) or higher.

Since the last valuation was prepared for this plan, benefit changes have been adopted. The benefit changes for HealthSelect retirees and dependents for whom Medicare is not primary include:

- an increase in the out-of-pocket cost applicable to services obtained at a free-standing emergency facility;
- elimination of the copayment for virtual visits;
- a reduction in the copayment for Airrosti; and
- for out-of-state participants, (i) elimination of the deductible for in-network services and (ii) application of a copayment rather than coinsurance to certain services like primary care and specialist office visits.

These minor benefit changes are provided for in the FY 2018 Assumed Per Capita Health Benefit Costs. There are no benefit changes for HealthSelect retirees and dependents for whom Medicare is Primary.



The table below summarizes the effects of significant factors affecting the Total OPEB Liability and the Normal Cost. Because 100% of the Normal Cost is attributable to Active plan members while only 54% of the Total OPEB Liability is attributable to Active plan members, these factors affect the Total OPEB Liability and the Normal Cost differently. Additionally, due to the mechanics of the Entry Age cost method, some factors affect the Active Total OPEB Liability and Normal Cost differently as well.

Changes to Liability Since the Prior Valuation		
Factor	Approximate Increase / (Decrease)	
	Total OPEB Liability (in \$ thousands)	Normal Cost (in \$ thousands)
Growth due to passage of time¹	\$ 1,942,965	\$ 39,299
Actuarial (Gains)/Losses	(495,958)	(25,276)
Assumption Changes Other than Discount Rate²	(1,709,942)	(245,842)
Discount Rate Assumption Change	7,954,357	604,973
Total	\$ 7,691,422	\$ 373,154

¹ Since OPEB is funded on a PAYGO basis, the excess of (a) the Normal Cost plus (b) interest over (c) the PAYGO contribution increases the Total OPEB Liability. Since the Normal Cost is determined as a level percentage of payroll, it will increase due to payroll growth resulting from growth in the number of active employees and inflationary increases in the salaries.

² Includes plan benefit changes as reflected in the FY 2018 Assumed Per Capita Health Benefit Costs.



Section III - Contribution Information

A. Development of the Actuarially Determined Contribution (ADC)

We have determined the ADC consistent with the methodology used in prior years (i.e., the methodology for computing the Annual Required Contribution under GASB No. 43). Accordingly, the ADC is the sum of: (1) the value of benefits accrued during the year (the Normal Cost) and (2) the amortization of the Net OPEB Liability. We have computed the ADC amortizing the Net OPEB Liability over 30 years as a level percentage of projected payroll.

The Employer is not required to contribute the ADC. The ADC represents the amount of the contribution that would be required to fund the Normal Cost and amortize the Net OPEB Liability over a period of 30 years.

1. Normal Cost	\$ 1,495,979,208
2. Amortization of Net OPEB Liability¹	1,218,978,885
3. ADC for Fiscal Year Ending August 31, 2017 [1. + 2.]	\$ 2,714,958,093

B. Contribution Deficiencies/(Excess Contributions)

The following table presents the difference between the ADC and the amount of Employer contributions recognized by the OPEB plan.

1. Actuarially Determined Contribution (ADC)	\$ 2,714,958,093
2. Employer Contributions for Fiscal Year Ending August 31, 2017	936,827,489 ²
3. Contribution Deficiencies/(Excess Contributions) [1. – 2.]	\$ 1,778,130,604

¹ Amortized over 30 years as a level percentage of projected payroll.

² Includes Medicare Part D Retiree Drug Subsidies and Nonemployer Contributing Entity Contributions.



Section IV – Fiduciary Net Position

Pursuant to Paragraph No. 20 of GASB No. 74, the following information should be included in the Financial Statements.

A. Statement of Fiduciary Net Position

Fiscal Year Ending August 31, 2017	
1. Assets	
a. Cash and Short-Term Investments:	
i. Cash and Cash Equivalents:	
A. Cash on Hand	\$ 45,232
B. Cash in Bank	0
C. Cash in State Treasury	<u>36,953,576</u>
D. Total Cash and Cash Equivalents	\$ 36,998,808
ii. Securities Lending Collateral	0
iii. Short-Term Investments	<u>337,816,492</u>
iv. Total Cash and Short-Term Investments	\$ 374,815,300
b. Total Investments	\$ 0
c. Receivables:	
i. Federal Receivable	\$ 144,146,736
ii. Interest and Dividends Receivable	329,643
iii. Contributions/Accounts Receivable	26,128,182
iv. Unsettled Sales-Investment Receivables	<u>0</u>
v. Total Receivables	\$ 170,604,561
d. Due From Other Funds (Note 5.A)	\$ 329,588,737
e. Due From Other Agencies (Note 5.A)	0
f. Capital Assets	<u>0</u>
g. Total Assets	\$ 875,008,598
2. Liabilities	
a. Payables:	
i. Voucher/Accounts Payable	\$ 162,014,997
ii. Unsettled Purchases-Investment Payables	<u>0</u>
iii. Total Payables	\$ 162,014,997
b. Due To Other Funds (Note 5.A)	\$ 2,786,361
c. Due To Other Agencies (Note 5.A)	0
d. Unearned Revenue	424,480
e. Employees Compensable Leave	0
f. Obligations Under Securities Lending	0
g. Funds Held for Others	<u>0</u>
h. Total Liabilities	\$ 165,225,838
3. Net Position Restricted for OPEB¹ [1. - 2.]	\$ 709,782,760

¹ Defined in Paragraph No. 27 of GASB No. 74.



B. Statement of Changes in Fiduciary Net Position

For the Fiscal Year Ending August 31, 2017	
1. Additions	
a. Contributions:	
i. Member Contributions	\$ 195,806,162
ii. Employer Contributions	936,827,489 ¹
iii. Federal Revenues	<u>71,461,550</u>
iv. Total Contributions	\$ 1,204,095,201 ²
b. Investment Income:	
i. Net Appreciation in Fair Value of Investments	\$ 0
ii. Interest and Dividends	4,516,817
iii. Class Action Settlements	0
iv. Investment Expense	<u>(0)</u>
v. Net Investment Income	\$ 4,516,817
c. Other Additions:	
i. Warrants Voided by Statute of Limitations	\$ 6,487
ii. Reimbursements – Third Party	295,000
iii. Settlement Revenue	<u>55,088</u>
iv. Total Other Additions	\$ 356,575
d. Total Additions	\$ 1,208,968,593
2. Deductions	
a. Benefits	\$ 995,815,803 ³
b. Administrative Expenses	5,628,689
c. Other Deductions	<u>0</u>
d. Total Deductions	\$ 1,001,444,492 ⁴
3. Net Increase/(Decrease) [1. - 2.]	\$ 207,524,101
4. Net Position Restricted for OPEB:	
Beginning of Year, as Restated	\$ 502,258,659
End of Year	\$ 709,782,760

¹ Includes (i) Federal Revenues of \$1,658,573 for Medicare Part D Retiree Drug subsidies and (ii) Nonemployer Contributing Entity Contributions of \$44,433,743.

² Includes changes in receivables and the amounts due from other funds.

³ Projected OPEB costs include benefit payments and administrative expenses net of member contributions and Federal Revenues. Actual OPEB costs are equal to Benefits plus Administrative Expenses net of Member Contributions and Federal Revenues (\$995,815,803 + \$5,628,689 - \$195,806,162 - \$71,461,550 = \$734,176,780).

⁴ Includes changes in payables and unearned revenue.



Section V - Notes to the Financial Statements

Pursuant to Paragraphs No. 34 and 35 of GASB No. 74, the following information should be included in the Notes to the Financial Statements. ERS has indicated that staff at ERS will prepare Items (A.) through (E.) below. However, we have provided a draft of item (A.) that ERS may use.

A. Plan Description

1. Plan Name

Other Post-Employment Benefits provided under the Texas Employees Group Benefits Program (GBP)

2. Plan Type

The GBP is a cost-sharing multiple-employer defined benefit OPEB plan. Employers participating in the GBP include:

- a. the State of Texas which is the employer for all state agency employees and employees of senior colleges and universities,
- b. 51 Texas junior and community colleges,
- c. the Texas Municipal Retirement System, Texas County and District Retirement System and the Texas Turnpike Authority,
- d. Community Supervision and Corrections Departments.

3. Employees Covered

- a. State agency and higher education employees must meet the following classification requirements in order to be eligible for OPEB provided they also meet certain age and service conditions.

- i. State Agency or Higher Education Employee

An individual must be an elected or appointed officer or employee who performs service (other than an independent contractor) for the State of Texas, including an institution of higher education, other than the University of Texas or Texas A&M University Systems, and who:

- a) receives compensation for the service performed pursuant to a payroll certified by a state agency or by an elected or appointed officer, or



- b) receives compensation for service performed for an institution of higher education pursuant to a payroll certified by an institution of higher education or by an elected or appointed officer of the State.

ii. Employees of Certain Other Entities

- a) Officers or employees of Texas Municipal Retirement System or Texas County and District Retirement System
- b) Certain employees or officers of the Texas Turnpike Authority
- c) Employees of the Community Supervision and Corrections Departments

b. Number of Plan Members as of August 31, 2017

	Members	Covered Spouses	Covered Dependent Children	Total
Actives	230,199 ¹	40,910 ²	125,356 ²	396,465 ²
Deferred Vesteds	11,557	0 ²	0 ²	11,557 ²
Retirees and Nominees	117,880 ³	29,767	10,113	157,760
Total	359,636	70,677	135,469	565,782

¹ Includes return-to-work retirees and employees who have not yet satisfied the waiting period.
² Rather than use current spouse/dependent child coverage information, actuarial assumptions are used to estimate the future number of spouses and dependent children that will be covered at retirement.
³ Includes 4,248 retirees who receive the Opt-Out Credit in lieu of health benefits.

4. Brief Description of Benefit Provisions

- a. The GBP provides self-funded group health (medical and prescription drug) benefits for eligible retirees under HealthSelect. The GBP also provides a fully insured medical benefit option for Medicare-primary participants under the HealthSelect Medicare Advantage Plan. An eligible retiree who has retired from full-time employment does not contribute toward the cost of coverage for himself/herself, but he/she pays a portion of the cost if he/she covers an eligible spouse or dependent child*. An eligible retiree who has retired from part-time employment contributes toward the cost of coverage for himself/herself, as well as paying a portion of the cost if he/she covers an eligible spouse or dependent child.
- b. The GBP also provides life insurance benefits to eligible retirees via a minimum premium funding arrangement.

* SB 1459 requires employees who have less than 5 years of eligible service credit on September 1, 2014 to pay a larger portion of the cost of insurance if they retire with less than 20 years of eligible service credit on or after September 1, 2014.

- 5. The authority under which the obligations of the plan members and Employer are established and/or may be amended is Chapter 1551, Texas Insurance Code.



6. The Employer and member contribution rates are determined annually by the ERS Board Trustees based on the recommendations of the ERS staff and consulting actuary. The contribution rates are determined based on (i) the benefit and administrative costs expected to be incurred, (ii) the funds appropriated and (iii) the funding policy established by the Texas Legislature in connection with benefits provided through the GBP. The Trustees revise benefits when necessary to match expected benefit and administrative costs with the revenue expected to be generated by the appropriated funds.
7. There are no long-term contracts for contributions to the plan.

B. OPEB Plan Investments

It is our understanding that this information will be prepared by ERS, as applicable.

C. Receivables

It is our understanding that this information will be prepared by ERS, as applicable.

D. Allocated Insurance Contracts Excluded from OPEB Plan Assets

It is our understanding that this information will be prepared by ERS, as applicable.

E. Reserves

It is our understanding that this information will be prepared by ERS, as applicable.

F. Net OPEB Liability

The components of the Net OPEB Liability of the Employer at August 31, 2017 were as follows:

Total OPEB Liability	\$ 34,782,794,493
Plan Fiduciary Net Position	709,782,760
Net OPEB Liability	<u>\$ 34,073,011,733</u>
Plan Fiduciary Net Position as a percentage of the Total OPEB Liability	2.04%

1. Actuarial Assumptions

The Total OPEB Liability was determined by an actuarial valuation as of August 31, 2017 using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.50%
Salary increases	2.50% to 9.50% ¹
Discount rate	3.51%
Healthcare cost trend rates	8.50% for FY19, decreasing 0.50% per year to an ultimate rate of 4.50% for FY27 and later years

¹ Includes inflation.



- Mortality
1. State Agency Members
 - a. Service Retirees, Survivors and other Inactive Members (Regular, Elected, CPO/CO and JRS I and II Employee Classes):
2017 State Retirees of Texas Mortality table with a 1 year set forward for male CPO/CO members and Ultimate MP Projection Scale projected from the year 2017.
 - b. Disability Retirees (Regular, Elected, CPO/CO and JRS I and II Employee Classes):
RP-2014 Disabled Retiree Mortality with Ultimate MP Projection Scale projected from the year 2014
 - c. Active Members:
RP-2014 Active Member Mortality tables with Ultimate MP Projection Scale from the year 2014
 2. Higher Education Members
 - a. Service Retirees, Survivors and other Inactive Members:
Tables based on TRS experience with full generational projection using Scale BB from Base Year 2014.
 - b. Disability Retirees:
Tables based on TRS experience with full generational projection using Scale BB from Base Year 2014 using a 3-year set forward and minimum mortality rates of four per 100 male members and two per 100 female members.
 - c. Active Members:
Sex Distinct RP-2014 Employee Mortality multiplied by 90% with full generational projection using Scale BB.

Many of the actuarial assumptions used in this valuation were based on the results of actuarial experience studies performed by the ERS and TRS retirement plan actuaries for the period September 1, 2011 to August 31, 2016 for State Agency members and for the period September 1, 2010 to August 31, 2014 for Higher Education members.

Several assumptions have been updated since the prior valuation as shown in Section VI of this report.

2. Discount Rate

- a. Discount Rate: 3.51%; the discount rate used to measure the Total OPEB Liability was 3.51%. The change in the discount rate since the OPEB plan's prior fiscal year-end is a decrease of 1.99% (i.e., from 5.50% to 3.51%) in order to reflect the new requirements of GASB No. 74.
- b. Projected Cash Flows: Projected cash flows into the plan are equal to projected benefit payments out of the plan.
- c. Long-Term Expected Rate of Return: N/A; the plan operates on a PAYGO basis and is not intended to accumulate assets.



- d. Municipal Bond Rate: 3.51%; the source of the municipal bond rate is the Bond Buyer Index of general obligation bonds with 20 years to maturity and mixed credit quality. In describing their index, the Bond Buyer notes that the bonds' average credit quality is roughly equivalent to Moody's Investors Service's Aa2 rating and Standard & Poor's Corp.'s AA.
- e. Years of Projected Benefit Payments to which Long-Term Expected Rate of Return Applies: 0 years
- f. Assumed Asset Allocation, Long-Term Expected Real Rate of Return for Each Asset Class and Arithmetic vs. Geometric return: N/A; the plan operates on a PAYGO basis and is not intended to accumulate assets.

3. Sensitivity of the Net OPEB Liability to Changes in the Discount Rate

The following presents the Net OPEB Liability as of August 31, 2017, as well as what the Net OPEB Liability would be if it were calculated using a discount rate that is 1-percentage-point lower (2.51%) or 1-percentage-point higher (4.51%) than the current discount rate:

	1% Decrease (2.51%)	Current Discount Rate (3.51%)	1% Increase (4.51%)
Net OPEB Liability/(Asset) (\$ thousands)	\$ 40,673,219	\$ 34,073,012	\$ 28,960,562

4. Sensitivity of the Net OPEB Liability to Changes in the Healthcare Cost Trend Rates

The following presents the Net OPEB Liability as of August 31, 2017, as well as what the Net OPEB Liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower (7.50% decreasing to 3.50%) or 1-percentage-point higher (9.50% decreasing to 5.50%) than the current healthcare cost trend rates:

	1% Decrease (7.50% decreasing to 3.50%)	Current Healthcare Cost Trend Rates (8.50% decreasing to 4.50%)	1% Increase (9.50% decreasing to 5.50%)
Net OPEB Liability/(Asset) (\$ thousands)	\$ 28,644,156	\$ 34,073,012	\$ 41,117,262



Section VI – Required Supplementary Information

Pursuant to Paragraph No. 36 of GASB No. 74, the following information should be included in the Required Supplementary Information.

A. Schedule of Changes in the Employer’s Net OPEB Liability and Related Ratios

Last 10 Fiscal Years^{1,2}

	FYE 08/31/2017 (\$ thousands)
1. Total OPEB Liability³	
a. Service cost	\$ 1,122,825
b. Interest	1,554,317
c. Changes of benefit terms	0
d. Differences between expected and actual experience	(495,958)
e. Changes of assumptions	6,244,415
f. Benefit payments	(734,177) ⁴
g. Net Change in Total OPEB Liability	\$ 7,691,422
h. Total OPEB Liability – Beginning	<u>27,091,372</u>
i. Total OPEB Liability – Ending	\$ 34,782,794
2. Plan Fiduciary Net Position	
a. Contributions – employer ⁵	\$ 936,827
b. Contributions – member	195,806
c. Net investment income	4,517
d. Benefit payments	(995,816)
e. Administrative expense	(5,628)
f. Other (Federal Revenues and other Additions)	71,818
g. Net Change in Plan Fiduciary Net Position	\$ 207,524
h. Plan Fiduciary Net Position – Beginning	<u>502,259</u>
i. Plan Fiduciary Net Position – Ending	\$ 709,783
3. Employer’s Net OPEB Liability – Ending [Item 1(i) – 2(i)]	\$ 34,073,012⁶
4. Plan Fiduciary Net Position as a Percentage of the Total OPEB Liability	2.0%
5. Covered-Employee Payroll	\$ 11,745,310
6. Employer’s Net OPEB Liability as a Percentage of Covered-Employee Payroll	290.1%

Notes to Schedule:

¹ This schedule is presented using the optional format of combining the required schedules in paragraphs 36a and 36b of GASB No. 74 per Paragraph 36 of GASB No. 74. This schedule is required to show information for 10 years. However, until a full 10-year trend is compiled, governments should present information for those years for which information is available.

² Information is presented using an August 31, 2017 measurement date.

³ Changes in assumptions in 2017 include (a) demographic assumptions (including rates of retirement, disability, termination, and mortality, assumed salary increases and assumed age difference for future retirees and their spouses for select classes of State Agency members), (b) assumed aggregate payroll increases and rate of general inflation, (c) discount rate decreased from 5.50% to 3.51%, (d) percentage of current retirees and their spouses not yet eligible to participate in the HealthSelect Medicare Advantage Plan and future retirees and their spouses who will elect to participate in the plan at the earliest date at which coverage can commence, (e) proportion of future retirees covering dependent children, (f) percentage of members assumed to be married and electing coverage for their spouse, and (g) assumptions for Expenses, Assumed Per Capita Health Benefit Costs and Health Benefit Cost Retiree Contribution, and Expense trends.

⁴ Benefit payments include administrative expenses and are net of member contributions and Federal Revenues.

⁵ Includes (i) Federal Revenues for Medicare Part D Retiree Drug Subsidies and (ii) Nonemployer Contributing Entity Contributions.

⁶ Adjusted due to rounding error caused by rounding individual components.



B. Schedule of Employer Contributions

Last 10 Fiscal Years¹

	FYE 08/31/2017 (\$ thousands)
1. Actuarially Determined Contribution	\$ 2,714,958
2. Contributions in Relation to the Actuarially Determined Contribution	<u>(936,827)</u>
3. Contribution Deficiency/(Excess)	\$ 1,778,131
4. Covered-Employee Payroll	\$ 11,745,310
5. Contributions as a Percentage of Covered-Employee Payroll	8.0%

C. Schedule of Money-Weighted Return on OPEB Investments

Last 10 Fiscal Years¹

	FYE 08/31/2017
Money-Weighted Return on OPEB Investments	TBD by ERS ²

¹ This schedule is required to show information for 10 years. However, until a full 10-year period is compiled, governments should present information for those years for which information is available.

² ERS indicated that it will prepare this information.



D. Notes to the Required Schedules

Per Paragraph No. 38 of GASB No. 74, the employer should disclose the significant methods and assumptions used in calculating the actuarially determined contributions. In addition, the employer should disclose factors that significantly affect trends in the amounts reported above. For example, changes in benefit provisions or changes in actuarial methods and assumptions should be identified.

1. Significant Methods and Assumptions

Valuation Date: August 31, 2017

Actuarially determined contribution rates are calculated as of August 31, 2017.

Methods and assumptions used to determine contribution rates:

Actuarial cost method	Entry age
Amortization method	Level percentage of payroll, open
Amortization period	30 years
Asset valuation method	Not applicable
Inflation	2.5%
Healthcare cost trend rates	8.50% for FY19 decreasing 0.50% per year to an ultimate rate of 4.50% for FY27 and later years
Salary increases	2.50% to 9.50%, including inflation
Discount rate	3.51%
Aggregate payroll growth	3.00%
Retirement age	Experience-based tables of rates that are specific to the class of employee.

Mortality

1. State Agency Members
 - a. Service Retirees, Survivors and other Inactive Members (Regular, Elected, CPO/CO and JRS I and II Employee Classes):
2017 State Retirees of Texas Mortality table with a 1 year set forward for male CPO/CO members and Ultimate MP Projection Scale projected from the year 2017.
 - b. Disability Retirees (Regular, Elected, CPO/CO and JRS I and II Employee Classes):
RP-2014 Disabled Retiree Mortality with Ultimate MP Projection Scale projected from the year 2014
 - c. Active Members:
RP-2014 Active Member Mortality tables with Ultimate MP Projection Scale from the year 2014



2. Higher Education Members
 - a. Service Retirees, Survivors and other Inactive Members:

Tables based on TRS experience with full generational projection using Scale BB from Base Year 2014.
 - b. Disability Retirees:

Tables based on TRS experience with full generational projection using Scale BB from Base Year 2014 using a 3-year set forward and minimum mortality rates of four per 100 male members and two per 100 female members.
 - c. Active Members:

Sex Distinct RP-2014 Employee Mortality multiplied by 90% with full generational projection using Scale BB.

2. Factors that Significantly Affect Trends in Amounts Reported

The following assumptions have been changed since the previous valuation:

a. Demographic Assumptions

Since the last valuation was prepared for this plan, demographic assumptions (including rates of retirement, disability, termination, and mortality, assumed salary increases and assumed age difference for future retirees and their spouses for selected classes of State Agency employees), assumed aggregate payroll increases and the assumed rate of general inflation have been updated to reflect assumptions recently adopted by the ERS Trustees. These new assumptions were adopted to reflect an experience study on the ERS retirement plan performed by the ERS retirement plan actuary.

In addition, the following assumptions have been updated since the previous valuation to reflect recent plan experience and expected trends:

- Percentage of current retirees and retiree spouses not yet eligible to participate in the HealthSelect Medicare Advantage Plan and future retirees and retiree spouses who will elect to participate in the plan at the earliest date at which coverage can commence.
- Proportion of future retirees covering dependent children.
- Percentage of future retirees assumed to be married and electing coverage for their spouse.



b. Economic Assumptions

The assumed rate of general inflation has been updated since the previous valuation to remain consistent with the ERS retirement plan assumption previously adopted by the ERS Trustees.

Assumptions for Administrative Expenses, Assumed Per Capita Health Benefit Costs and Health Benefit Cost and Retiree Contribution trends have been updated since the previous valuation to reflect recent health plan experience and its effects on our short-term expectations and the revised assumed rate of general inflation.

The discount rate was lowered as a result of requirements by GASB No. 74 to utilize the yield or index rate for 20-year, tax-exempt general obligation bonds rated AA/Aa (or equivalent) or higher.

Minor benefit changes have been reflected in the FY 2018 Assumed Per Capita Health Benefit Costs.

Please see our previous valuation report dated November 4, 2016 for a complete list of our previous economic assumptions.

Benefit revisions have been adopted since the prior valuation. The benefit changes for HealthSelect retirees and dependents for whom Medicare is not primary include:

- an increase in the out-of-pocket cost applicable to services obtained at a free-standing emergency facility;
- elimination of the copayment for virtual visits;
- a reduction in the copayment for Airrosti; and
- for out-of-state participants, (i) elimination of the deductible for in-network services and (ii) application of a copayment rather than coinsurance to certain services like primary care and specialist office visits.

These minor benefit changes are provided for in the FY 2018 Assumed Per Capita Health Benefit Costs. There are no benefit changes for HealthSelect retirees and dependents for whom Medicare is Primary.



Section VII - Detailed Valuation Results

A. Actuarial Valuation Date: August 31, 2017

B. Summary of Results as of August 31, 2017

	Number of Members	Actuarial Present Value of Projected Benefit Payments	Actuarial Accrued Liability	Normal Cost	Payroll
Actives	230,199	\$ 36,982,171,891	\$ 18,791,300,003	\$1,495,979,208	\$ 11,745,310,057
Deferred Vesteds	11,557	1,990,602,640	1,990,602,640	-	-
Retirees & Nominees	117,880	14,000,891,850	14,000,891,850	-	-
Total	359,636	\$ 52,973,666,381	\$ 34,782,794,493	\$1,495,979,208	\$ 11,745,310,057

Actuarially Determined Contribution (ADC) for FY 17	Employer Contributions ¹ for FY 17	Percentage of ADC Contributed
\$ 2,714,958,093	\$ 936,827,489	34.5%

¹ Includes Medicare Part D Retiree Drug Subsidies and Nonemployer Contributing Entity Contributions.



C. Summary of Active Member Census

State Agency Employees¹

Age and Service Table for Actives as of August 31, 2017

Current Age	Current Years of Benefit Service									Age Totals	Percent of Total
	t < 5	5 <= t < 10	10 <= t < 15	15 <= t < 20	20 <= t < 25	25 <= t < 30	30 <= t < 35	35 <= t < 40	40 <= t		
x < 20	500									500	0.34%
20 <= x < 25	7,145	72								7,217	4.94%
25 <= x < 30	12,366	1,862	57							14,285	9.78%
30 <= x < 35	10,445	4,991	1,542	70						17,048	11.67%
35 <= x < 40	8,010	4,755	3,297	1,393	53					17,508	11.98%
40 <= x < 45	6,373	3,943	2,902	3,082	1,228	54				17,582	12.03%
45 <= x < 50	5,849	3,783	2,878	3,377	3,333	1,504	61			20,785	14.22%
50 <= x < 55	4,711	3,520	2,723	2,856	2,686	2,217	508	28		19,249	13.17%
55 <= x < 60	3,863	3,152	2,526	2,545	1,917	1,218	634	179	8	16,042	10.98%
60 <= x < 65	2,243	2,493	1,931	1,867	1,048	694	343	185	46	10,850	7.43%
65 <= x < 70	662	968	766	585	381	222	113	51	36	3,784	2.59%
x >= 70	236	298	260	199	145	65	36	10	22	1,271	0.87%
Service Totals	62,403	29,837	18,882	15,974	10,791	5,974	1,695	453	112	146,121	100.00%
Percent of Total	42.71%	20.42%	12.92%	10.93%	7.38%	4.09%	1.16%	0.31%	0.08%	100.00%	

1) Excludes 2,632 Return-to-Work Retirees.



Higher Education Employees¹

Age and Service Table for Actives as of August 31, 2017

Current Age	Current Years of Benefit Service									Age Totals	Percent of Total
	t < 5	5 <= t < 10	10 <= t < 15	15 <= t < 20	20 <= t < 25	25 <= t < 30	30 <= t < 35	35 <= t < 40	40 <= t		
x < 20	5									5	0.01%
20 <= x < 25	1,135	9								1,144	1.52%
25 <= x < 30	4,437	587	14							5,038	6.71%
30 <= x < 35	4,709	2,404	486	17						7,616	10.15%
35 <= x < 40	4,027	2,602	1,702	528	15					8,874	11.83%
40 <= x < 45	3,148	2,144	1,665	1,478	337	12				8,784	11.71%
45 <= x < 50	2,712	2,051	1,716	1,888	881	180	18			9,446	12.59%
50 <= x < 55	2,291	1,753	1,483	2,195	1,049	237	139	19		9,166	12.22%
55 <= x < 60	1,980	1,743	1,437	2,770	1,103	188	144	159	1	9,525	12.70%
60 <= x < 65	1,398	1,370	1,396	2,669	865	142	81	143	17	8,081	10.77%
65 <= x < 70	638	737	792	1,734	541	73	41	74	18	4,648	6.19%
x >= 70	296	346	384	351	921	349	18	19	18	2,702	3.60%
<i>Service Totals</i>	26,776	15,746	11,075	13,630	5,712	1,181	441	414	54	75,029	100.00%
<i>Percent of Total</i>	35.69%	20.99%	14.76%	18.17%	7.61%	1.57%	0.59%	0.55%	0.07%	100.00%	

1) Excludes 96 Return-to-Work Retirees.



Other Employees (i.e., Employees of TMRS, TCDRS, TTA and CSCD)¹

Age and Service Table for Actives as of August 31, 2017

Current Age	Current Years of Benefit Service									Age Totals	Percent of Total	
	t<5	5 <= t < 10	10 <= t < 15	15 <= t < 20	20 <= t < 25	25 <= t < 30	30 <= t < 35	35 <= t < 40	40 <= t			
x < 20	17										17	0.27%
20 <= x < 25	218	2									220	3.50%
25 <= x < 30	499	63	2								563	8.95%
30 <= x < 35	453	214	53	3							723	11.50%
35 <= x < 40	347	217	145	51	2						762	12.12%
40 <= x < 45	282	175	126	122	39	2					747	11.89%
45 <= x < 50	251	189	123	140	116	56	3				878	13.96%
50 <= x < 55	202	167	120	133	117	106	25	2			871	13.85%
55 <= x < 60	168	137	129	120	88	64	36	14	0		757	12.04%
60 <= x < 65	99	110	99	85	46	39	19	14	3		515	8.19%
65 <= x < 70	30	44	38	25	18	11	6	3	2		176	2.81%
x >= 70	10	13	13	9	7	4	2	0	1		58	0.93%
<i>Service Totals</i>	2,577	1,332	848	687	434	281	91	33	6		6,288	100.00%
<i>Percent of Total</i>	40.98%	21.18%	13.48%	10.93%	6.90%	4.47%	1.44%	0.53%	0.09%		100.00%	

1) Excludes 33 Return-to-Work Retirees.



D. Summary of Deferred Vested Member Census by Age and Employer

Vested Members By Age and Employer as of August 31, 2017

<i>Current Age</i>	<i>Employer</i>			<i>Age Totals</i>	<i>Percent of Total</i>
	<i>State Agency</i>	<i>Higher Education</i>	<i>Other¹</i>		
<i>x < 35</i>	105	40	0	145	1.25%
<i>35 <= x < 40</i>	399	273	0	672	5.81%
<i>40 <= x < 45</i>	869	528	0	1,397	12.09%
<i>45 <= x < 50</i>	1,566	665	0	2,231	19.30%
<i>50 <= x < 55</i>	1,953	814	0	2,767	23.94%
<i>55 <= x < 60</i>	1,792	884	0	2,676	23.15%
<i>60 <= x < 65</i>	571	701	2	1,274	11.02%
<i>x >= 65</i>	117	278	0	395	3.42%
<i>Employer Totals</i>	7,372	4,183	2	11,557	100.00%
<i>Percent of Total</i>	63.79%	36.19%	0.02%	100.00%	

¹ *Employees of TMRS, TCDRS, TTA and CSCD.*



E. Summary of Retiree and Nominee Member Census by Age and Employer

Retirees and Nominees By Age and Employer as of August 31, 2017¹

<i>Current Age</i>	<i>Employer²</i>			<i>Age Totals</i>	<i>Percent of Total</i>
	<i>State Agency</i>	<i>Higher Education</i>	<i>Other³</i>		
<i>x < 40</i>	57	4	1	62	0.05%
<i>40 <= x < 45</i>	70	9	4	83	0.07%
<i>45 <= x < 50</i>	357	23	30	410	0.35%
<i>50 <= x < 55</i>	4,025	152	150	4,327	3.67%
<i>55 <= x < 60</i>	9,400	773	301	10,474	8.89%
<i>60 <= x < 65</i>	15,874	2,363	527	18,764	15.92%
<i>65 <= x < 70</i>	20,438	5,136	580	26,154	22.19%
<i>70 <= x < 75</i>	17,073	5,899	367	23,339	19.80%
<i>75 <= x < 80</i>	10,602	4,892	119	15,613	13.24%
<i>80 <= x < 85</i>	6,668	3,251	37	9,956	8.45%
<i>85 <= x < 90</i>	3,661	1,917	10	5,588	4.74%
<i>90 <= x < 95</i>	1,624	773	2	2,399	2.04%
<i>95 <= x < 100</i>	419	207	2	628	0.53%
<i>x >= 100</i>	62	21	0	83	0.07%
<i>Employer Totals</i>	90,330	25,420	2,130	117,880	100.00%
<i>Percent of Total</i>	76.63%	21.56%	1.81%	100.00%	

1) Comprised of 57,950 retirees and nominees enrolled in HealthSelect Medicare Advantage, 55,682 retirees and nominees enrolled in HealthSelect and 4,248 retirees who receive the Opt-Out Credit in lieu of health benefits.

2) Includes 3,511 State Agency Retirees, 684 Higher Education Retirees and 53 Other Retirees receiving the Opt-Out Annuity.

3) Employers of TMRS, TCDRS, TTA and CSCD.



Section VIII - Actuarial Methods and Assumptions

A. Actuarial Methods

1. Actuarial Funding Method

The Entry Age (or Entry Age Normal as generally used in the Actuarial Standards of Practice) actuarial funding method is used in determining the contribution requirements for the plan. The actuarial funding method is the procedure by which the actuary determines a series of annual contributions which, along with current assets and future investment earnings, will fund the expected plan benefits. The Entry Age funding method compares the excess of the actuarial present value of projected benefit payments over the fiduciary net position (or current value of plan assets). This difference represents the expected present value of current and future contributions that will be paid into the plan. The contributions are divided into two components: an annual Normal Cost and an amortization charge for the Net OPEB Liability (or unfunded accrued liability).

The Normal Cost for the plan is the sum of individually determined Normal Costs for each active member. Each active member's Normal Cost is the current annual contribution in a series of annual contributions which, if made throughout the member's total period of employment, would fund his expected benefits from the plan. Each member's Normal Cost is calculated to be a constant percentage of his expected compensation in each year of employment.

The plan's Total OPEB Liability (or current accrued liability) is the excess of the actuarial present value of projected benefit payments over the present value of all future remaining Normal Cost contributions for all active members. The Net OPEB Liability (or unfunded accrued liability) is the amount by which the Total OPEB Liability exceeds the fiduciary net position. The Net OPEB Liability is recalculated each time a valuation is performed and is amortized as a level percentage of projected payroll in accordance with employer funding goals and GASB guidelines. Experience gains and losses, which represent deviations of the Net OPEB Liability from its expected value based on the prior valuation, are determined at each valuation and are amortized as part of the Net OPEB Liability.

2. Fiduciary Net Position

The Fiduciary Net Position is equal to the fair market value of plan assets as determined by the plan administrator, including any receivable contributions made for a prior plan year which were not recognized by the plan administrator as of the asset valuation date.

B. Actuarial Assumptions

The actuarial valuation of the GBP OPEB requires the use of numerous actuarial assumptions many of which are similar to the assumptions used in performing the actuarial valuations of the retirement plans in which the GBP members participate. State agency members participate in the ERS retirement plan while many higher education members participate in the TRS retirement plan. For consistency with those valuations, for purposes of our valuation of the GBP OPEB we have utilized the applicable assumptions previously adopted by the Trustees of the respective systems at the time our valuation is performed. In other words, we have used



applicable ERS retirement plan assumptions for the valuation of OPEB for state agency members and, except as indicated below, we have used TRS retirement plan assumptions for the valuation of OPEB for higher education members. It should be noted that we have applied the TRS assumptions to all higher education members including those who have opted to participate in the optional retirement plan (ORP) instead of TRS. Although it may be preferable to eventually develop a body of data that would enable ORP specific assumptions to be used, such data does not presently exist. In the absence of such data, it is our opinion that the TRS demographic and pay-related assumptions can be reasonably applied to ORP participants.

In addition to the assumptions used in the retirement plan valuations, the OPEB valuation also requires numerous unique assumptions developed as follows.

1. The following assumptions are based on actual GBP experience.
 - a) Percentages of future retired members electing coverage for a spouse and/or dependent children.
 - b) Percentages of (i) current retirees and retiree spouses not yet eligible for HealthSelect Medicare Advantage participation and (ii) future retirees and retiree spouses who will elect to participate in HealthSelect Medicare Advantage at the earliest date at which such coverage can commence.
 - c) Percentages of future retirees and future retiree spouses assumed to use tobacco.
 - d) GBP administrative expenses.
 - e) HealthSelect Per Capita Health Benefit Cost (Medical and Prescription Drugs) for Fiscal Year 2018 for Covered Retirees, Spouses and Dependent Children.
 - f) HealthSelect Medicare Advantage Per Capita Health Benefit Cost for Fiscal Year 2018 for Covered Retirees and Spouses;
 - i. Medical – Based on actual Medicare Advantage premiums for CY17 and CY18.
 - ii. Prescription drug – Based on actual GBP experience.
2. Health Benefit Cost Trend, Trend Rate for Retiree Contributions and Expense Trend Rate are based on current experience and reasonable expectations concerning future experience.
3. Assumed Commencement Age if Eligible for OPEB following Termination is based upon reasonable expectations concerning future experience.
4. The following assumptions are based on actuarial judgment.
 - a) Period of coverage for dependent children of current and future retirees.



- b) Percentages of current and future retiree spouses and dependent children expected to continue coverage after the death of the retiree.
- c) Percentages of future retirees assumed to elect coverage at retirement and remain covered until death.

The assumptions used in this report are summarized below.

1. **Demographic Assumptions**

The tables of decrements below contain rates (not probabilities) of decrement.

- a. **Mortality**: The members of the GBP are expected to exhibit mortality in accordance with the following mortality tables:
 - i. State Agency Members (assumptions used in valuing the applicable ERS retirement plan)
 - a) Service Retirees, Survivors and other Inactive Members (Regular, Elected, CPO/CO and JRS I and II Employee Classes):
 2017 State Retirees of Texas Mortality table with a 1 year set forward for male CPO/CO members and Ultimate MP Projection Scale projected from the year 2017. Sample Rates for base table shown below.

Annual Mortality Rates per 100 Individuals		
<u>Age</u>	<u>Males</u>	<u>Females</u>
40	0.0603	0.0380
45	0.1059	0.0687
50	0.1825	0.1215
55	0.3145	0.2150
60	0.5421	0.3804
65	0.9344	0.6730
70	1.6105	1.1908
75	2.7757	2.1069
80	4.7842	3.7277
85	8.2459	6.5956
90	14.2527	11.7028



b) Disability Retirees (Regular, Elected, CPO/CO and JRS I and II Employee Classes):

RP-2014 Disabled Retiree Mortality with Ultimate MP Projection Scale projected from the year 2014

c) Active Members*:

RP-2014 Active Member Mortality tables with Ultimate MP Projection Scale from the year 2014

* For Regular Employee Class and CPO/CO Class members, 1.0% of active deaths are assumed to be occupational.

ii. Higher Education Members¹ (assumptions used in valuing the TRS retirement plan)

a) Service Retirees, Survivors and other Inactive Members:

Tables based on TRS experience with full generational projection using Scale BB from Base Year 2014. Illustrative base rates before applying the projection scale are shown in the table below.

Annual Rates of Inactive Member Mortality per 100 Members		
Age	Male	Female
50	0.4247	0.2791
60	0.5584	0.3882
70	1.5547	0.9613
80	5.3691	3.5591
90	16.2983	13.3727
100	40.7509	28.4047

b) Disability Retirees:

The same mortality as described in B.1.a.ii.a. above but using a 3-year set forward and minimum mortality rates of four per 100 male members and two per 100 female members.

c) Active Members:

Sex Distinct RP-2014 Employee Mortality multiplied by 90% with full generational projection using Scale BB.

b. Retirement: A member is assumed to retire in accordance with the following annual rates:

i. State Agency Members (assumptions used in valuing the applicable ERS retirement plan)

a) Active Regular Employee Class Members:

ERS Decrement Service is used to determine when the rates apply for members hired before September 1, 2009:

- Age 60 with 5 years of service
- Rule of 80 with 5 years of service



ERS Decrement Service is used to determine when the rates apply for members hired after August 31, 2009:

- Age 65 with 10 years of service
- Rule of 80 with 5 years of service

Service retirement rates are determined by the first set of eligibility requirements satisfied:

- Eligibility A: Age plus eligibility service is greater than or equal to 80 (“Rule of 80”)
- Eligibility B: Retirement eligibility other than Rule of 80

Adjustments to the base rates are made to account for age at first eligibility or reduced retirement benefits, based on date of hire (described below sample table).

Sample rates for eligible members:

Annual Service Retirement Rates		
Regular Employee Class Members (Males & Females)		
<u>Age</u>	<u>Eligibility A</u> <u>Rule of 80</u>	<u>Eligibility B</u> <u>Other Age/Service</u>
<50	0.50	
50	0.40	
51	0.35	
52	0.30	
53	0.28	
54	0.27	
55	0.26	
56	0.25	
57	0.24	
58	0.23	
59	0.22	
60	0.21	0.18
61	0.20	0.12
62	0.33	0.20
63	0.27	0.18
64	0.27	0.18
65 - 74	0.27	0.27
75	1.00	1.00

Adjustments for members hired before September 1, 2009:

- Eligibility A: Add 0.30 at age of 1st eligibility

Adjustments for members hired on or after September 1, 2009, but before September 1, 2013:

- Eligibility A: Add 0.30 at age 60



Adjustments for members hired on or after September 1, 2013:

- Eligibility A: If age of 1st eligibility is before age 62, then
 - rates prior to age 62 are multiplied by 75% for each year prior to age 62
 - the rate at age 62 is the base table rate plus 0.20 plus 0.06 times the number of years the age at 1st eligibility was before age 62

b) Active Elected Class Members:

ERS Decrement Service is used to determine when the rates apply:

- Age 60 with 8 years of service
- Rule of 50 with 12 years of service

Sample rates for eligible members:

Annual Service Retirement Rates Per 100 Elected Class Members	
Age	Male and Female
50-61	10
62-74	20
75+	100

c) Active CPO/CO Employee Class Members:

CPO/CO Decrement Service is used to determine when the rates apply for members hired before September 1, 2009:

- Any age with 20 years CPO/CO service
- Age 55 with 10 years CPO/CO service

CPO/CO Decrement Service is used to determine when the rates apply for members hired after August 31, 2009:

- Any age with 20 years CPO/CO service
- Age 55 with 10 years CPO/CO service

Service retirement rates are determined by the first set of eligibility requirements satisfied:

- Eligibility A: 20 years of CPO/CO service
- Eligibility B: Age 55 and 10 years of CPO/CO service
- Eligibility C: Any eligibility pertaining to Regular Employee Class Members (see rates and adjustments for Regular Employee Class Members)



Adjustments to the base rates are made to account for age at first eligibility or reduced retirement benefits, based on date of hire (described below sample table).

Sample rates for eligible members:

Annual Service Retirement Rates CPO/CO Members (Males & Females)			
Eligibility A		Eligibility B	
Age	20 yrs CPO/CO	Age	Age 55 & 10 yrs CPO/CO
<48	0.03		
48	0.04	55	0.20
49	0.05	56	0.18
50	0.60	57	0.16
51 - 61	0.33	58 - 61	0.14
62 - 74	0.50	62 - 74	0.27
75	1.00	75	1.00

Adjustments for members hired before September 1, 2013:

- Eligibility A and B: Rate set to zero if member has 18 or 19 years of CPO/CO service. Rate is doubled if member has 20 years of CPO/CO service.

Adjustments for members hired on or after September 1, 2013:

- Eligibility A: If age of 1st eligibility is before age 57, then
 - rates prior to age 57 are multiplied by 75% for each year prior to age 57
 - the rate at age 57 is 100%
- Eligibility B: If member will attain 20 years of CPO/CO service at or before age 62, rates are zero prior to age 62 and 100% when member attains 20 years of CPO/CO service.
- Eligibility B: If member will attain 20 years of CPO/CO service after age 62, then
 - rates prior to age 62 are multiplied by 75% for each year prior to age 62
 - the rate at age 62 is the base table rate plus 0.20 plus 0.06 times the number of years the age at 1st eligibility was before age 62

d) JRS Members:

JRS I and II Decrement Service is used to determine when the rates apply:

- Age 65 with 10 years of service, if member currently holding judicial office.
- Age 65 with 12 years of service.
- 20 years of service.
- Age plus service equal to or greater than 70, if member has at least 12 years of service on an appellate court.



Sample rates for eligible members:

Annual Service Retirement Rates Per 100 Members		
Age	Unreduced	Reduced
50-64	20	10
65-69	20	N/A
70-74	25	N/A
75+	100	N/A

ii. Higher Education Members (assumptions used in valuing the TRS retirement plan)

Age	Early Retirement		Age	Normal Retirement	
	Annual Service Retirement Rates Per 100 Members			Annual Service Retirement Rates Per 100 Members	
	Male	Female		Male	Female
45	1	1	50	13	30
46	1	1	51	13	12
47	1	2	52	13	13
48	2	3	53	13	14
49	3	4	54	14	15
50	1	1	55	15	16
51	1	1	56	16	17
52	1	1	57	17	18
53	1	1	58	18	19
54	1	1	59	18	20
55	1	1	60	22	21
56	1	1	61	20	22
57	1	1	62	24	23
58	1	1	63	20	23
59	1	2	64	20	23
60	2	2	65	22	23
61	2	2	66	22	23
62	5	4	67	22	23
63	5	5	68	22	23
64	6	6	69	22	23
65	5	5	70	22	23
			71	22	23
			72	22	23
			73	22	23
			74	22	23
			75	100	100

For members hired after August 31, 2007 and who are vested as of August 31, 2014, the retirement rates for members once they reach unreduced retirement eligibility at age 60 are increased 10% for each year the member is beyond the Rule of 80 (i.e., if the member reached the Rule of 80 at age 58, then the probability of retirement at age 60 is 120% of the rate shown above).



For members hired after August 31, 2007 and who are not vested as of August 31, 2014, or, for members hired after August 31, 2014, the retirement rates for members once they reach unreduced retirement eligibility at age 62 are increased 10% for each year the member is beyond the Rule of 80 (i.e., if the member reached the Rule of 80 at age 58, then the probability of retirement at age 62 is 140% of the rate shown above).

Non-grandfathered members who receive a reduced benefit upon attaining Rule of 80 but prior to normal retirement age have a 1% probability of retirement.

c. **Disability Retirement:** Active members are expected to become disabled as defined under the plan in accordance with annual rates as illustrated below.

i. State Agency Members (assumptions used in valuing the applicable ERS retirement plan)

ERS Decrement Service is used to determine when the rates apply:

- The rates do not apply before member is eligible for the benefit.
- Service greater than zero is required for occupational disability retirement.
- For Regular, CPO/CO, and JRS I members, 10 years of service is required for non-occupational disability retirement.
- For JRS II members, 7 years of service is required for non-occupational disability retirement.
- For Elected Class members, 8 years of service is required for non-occupational disability retirement.
- Regular Class and JRS II Members are not eligible for non-occupational disability retirement if they are eligible for service retirement under the Rule of 80. Members who suffer a non-occupational disability after satisfying the Rule of 80 are therefore assumed to retire on service retirement.
- JRS I Members are not eligible for non-occupational disability retirement if they are eligible for service retirement under the Rule of 70. Members who suffer a non-occupational disability after satisfying the Rule of 70 are therefore assumed to retire on service retirement.
- Elected Class Members are not eligible for non-occupational disability retirement if they are eligible for service retirement (age 60 with 8 years of service; or age 50 with 12 years of service). Members who suffer a non-occupational disability after becoming eligible for service retirement are therefore assumed to retire on service retirement.
- CPO/CO Members are not eligible for non-occupational disability retirement if they are eligible for service retirement under the Rule of 80, or under the age 55 with at least 10 years of CPO/CO service provisions.



- For a member with 20 years CPO/CO service the combined ERS/LECO service retirement annuity is much greater than the ERS non-occupational disability retirement annuity. Therefore, the rates of non-occupational disability retirement are zero for members with 20 years of CPO/CO service.

Annual Disability Retirement Rates Per 100 Members

Age	Regular Class ¹ , Elected Class, JRS		CPO/CO Class ²
	Males	Females	Males/Females
30	0.0275	0.0135	0.0092
35	0.0650	0.0442	0.0314
40	0.0749	0.0896	0.0586
45	0.1027	0.1455	0.0980
50	0.1484	0.2072	0.1774
55	0.2477	0.3488	0.2460
60	0.3740	0.5583	0.3150

- ¹ 99% of all disabilities are assumed to be non-occupational and 1% are assumed to be occupational. No occupational disabilities are assumed for JRS I, JRS II or the Elected classes.
- ² 95% of all disabilities are assumed to be non-occupational, 4.5% are assumed to be occupational but not total disability, and 0.5% are assumed to be occupational and total disability.

ii. Higher Education Members (assumptions used in valuing the TRS retirement plan)

Annual Disability Retirement Rates Per 100 Members

Age	Years of Service < 10		Years of Service >= 10	
	Male	Female	Male	Female
20	0.0037	0.0055	0.0184	0.0276
30	0.0037	0.0055	0.0184	0.0276
40	0.0086	0.0094	0.0430	0.0469
50	0.0399	0.0363	0.1993	0.1817
55	0.0573	0.0493	0.2866	0.2465
60	0.0701	0.0551	0.3505	0.2754
65	0.0740	0.0551	0.3699	0.2754
70	0.0740	0.0551	0.3699	0.2754



- d. **Termination:** The active members are assumed to terminate their employment for causes other than death, disability or retirement in accordance with annual rates as illustrated below.
- i. State Agency Members (assumptions used in valuing the applicable ERS retirement plan)
- a) Regular Class Members:

Rates of termination are zero for members eligible for service retirement. To account for active Regular Class Members that accumulate additional eligibility service at retirement through converting sick/annual leave or other types of service purchases, termination rates are also set to zero in the year prior to first retirement eligibility.

Rates for members not eligible for service retirement:

Annual Rates of Termination Per 100 Regular Class Members		
Eligibility Service	Male and Female	
	Entry age 35 or Younger	Entry age over 35
0	25.25	19.63
1	21.24	16.07
2	17.88	13.26
3	15.07	11.08
4	12.76	9.42
5	10.86	8.16
6	9.33	7.21
7	8.09	6.49
8	7.10	5.94
9	6.31	5.50
10	5.67	5.11
11	5.15	4.75
12	4.71	4.39
13	4.32	4.03
14	3.97	3.66
15	3.64	3.29
16	3.30	2.95
17	2.97	2.69
18	2.62	2.53
19	2.27	1.00
20	1.92	1.00
21	1.59	1.00
22	1.29	1.00
23	1.05	1.00
24	0.89	1.00
25+	0.85	1.00



b) CPO/CO Class Members:

Rates of termination are zero for members eligible for service retirement. To account for active CPO/CO members that accumulate additional eligibility service at retirement through converting sick/annual leave or other types of service purchases, termination rates are also set to zero in the year prior to first retirement eligibility.

Annual Rates of Termination Per 100 Participants <u>CPO/CO Employee Class Members</u>	
<u>Eligibility Service</u>	<u>Male and Female</u>
0	23.00
1	19.22
2	15.36
3	12.48
4	10.36
5	8.81
6	7.67
7	6.81
8	6.11
9	5.52
10	4.96
11	4.42
12	3.90
13	3.43
14	3.07
15	2.90
16	2.50
17	1.00
18	1.00
19+	0.00

c) Elected Class Members:

Four per 100 for members not eligible for service retirement.

d) JRS I and II Members:

Four per 100 for members not eligible for service retirement.



ii. Higher Education Members (assumptions used in valuing the TRS retirement plan)

a) Select Period:

Rate of Decrement Due to Termination Per 100
 Members Based on First 10 Years of Service

Years of Service	Male	Female
1	14.9027	14.3098
2	11.9756	11.7329
3	9.6637	9.7896
4	7.2275	7.6765
5	6.2453	6.8443
6	5.5556	6.0368
7	4.7176	4.9631
8	4.1464	4.3108
9	3.6978	3.8477
10	3.3777	3.5264

b) Ultimate Rates after the first 10 Years of Service:

Rate of Decrement Due to Termination Per 100 Members Based on
 Years from Normal Retirement

Years from Normal Retirement	Male	Female	Years from Normal Retirement	Male	Female
1	1.2140	0.9500	17	2.4208	2.7793
2	1.4373	1.2353	18	2.4547	2.8402
3	1.5865	1.4405	19	2.4873	2.8990
4	1.7017	1.6064	20	2.5185	2.9559
5	1.7968	1.7481	21	2.5487	3.0110
6	1.8783	1.8731	22	2.5777	3.0646
7	1.9502	1.9858	23	2.6058	3.1166
8	2.0147	2.0888	24	2.6329	3.1673
9	2.0733	2.1842	25	2.6592	3.2166
10	2.1273	2.2731	26	2.6848	3.2648
11	2.1772	2.3567	27	2.7096	3.3118
12	2.2239	2.4357	28	2.7337	3.3578
13	2.2676	2.5107	29	2.7571	3.4027
14	2.3090	2.5822	30	2.7800	3.4467
15	2.3481	2.6506	31	2.8023	3.4898
16	2.3853	2.7162	32	2.8241	3.5320



e. **Withdrawal of Contribution:**

i. **State Agency Members (assumptions used in valuing the applicable ERS retirement plan)**

Annual Rates of Withdrawal of Employee Contributions
 Per 100 New Vested Terminations Male and Female

Age	Regular Employee Class ERS Decrement Service				CPO/CO Employee Class ERS Decrement Service				Elected Class Members and JRS*			
	5-10	10-15	15-20	20+	5-10	10-15	15-20	20+	5-10	10-15	15-20	20+
20-24	100	100			100							
25-29	75	65	60		75	60	60					
30-34	65	60	50		75	60	50					
35-39	65	50	50	35	70	60	50					
40-44	65	50	45	35	70	60	50					
45-49	60	45	35	25	60	40	20					
50-54	55	40	30	20	55	40	20					
55+	50	30	25	15	50	30	20					

* Elected Class and JRS Members are assumed not to withdraw employee contributions.

100% of Non-vested terminations are assumed to withdraw their employee contributions.

ii. **Higher Education Members**

Members eligible to receive a deferred annuity are assumed to withdraw their contributions in accordance with the rates illustrated below.

Annual Rates of Withdrawal
 of Employee Contributions per 100 New
 Vested Terminations Male and Female

Age	Years of Service			
	5-10	10-15	15-20	20+
20-24	100	100		
25-34	80	80	60	
35-44	50	40	30	25
45-54	28	28	25	18
55+	0	0	0	0



- f. **Salary Increases:** Increases are assumed to occur at the beginning of the valuation year and vary by employee group. The components of the annual increases are:
- i. State Agency Members (assumptions used in valuing the applicable ERS retirement plan)

<u>Employee Group</u>	<u>Inflation</u>	<u>Real Wage Growth (Productivity)</u>	<u>Merit, Promotion and Longevity</u>
Legislators	0%	0%	0%
Elected Class (other than Legislators)	2.5%	0.50%	0%
Regular Employee Class	2.5%	included in merit, promotion and longevity increases	See sample rates
CPO/CO Class	2.5%	0%	See sample rates
JRS I & II	2.5%	0.50% ¹	0%

¹ State salary of a district judge is 0.25%.

a) Regular Employee Class: Merit, Promotion and Longevity Sample Rates:

Annual Salary Increases for Merit, Promotion and Longevity
 Male and Female Regular Employee Class Members

<u>Age</u>	<u>Years of ERS Decrement Service</u>						
	<u>0</u>	<u>1</u>	<u>2-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20+</u>
20	6.80%	5.25%	4.75%	4.30%			
25	6.40	5.25	4.75	3.50	2.50%		
30	5.90	5.25	4.75	3.00	2.50	2.00%	
35	5.40	4.75	4.00	3.00	2.50	2.00	1.90%
40	4.90	4.75	4.00	3.00	2.50	1.90	1.80
45	4.40	4.25	3.75	3.00	2.40	1.90	1.70
50	3.90	3.70	3.20	2.70	2.20	1.70	1.60
55	3.40	3.20	2.80	2.40	1.90	1.60	1.50
60+	2.90	2.70	2.30	2.00	1.60	1.40	1.30

b) CPO/CO Employee Class: Merit, Promotion and Longevity Sample Rates:

Annual Salary Increases for Merit, Promotion and Longevity
 Male and Female CPO/CO Employee Class Members

<u>Age</u>	<u>Years of ERS Decrement Service</u>					
	<u>0</u>	<u>1</u>	<u>2-4</u>	<u>5-8</u>	<u>9-17</u>	<u>18+</u>
All	7.00%	5.00%	3.50%	2.50%	2.25%	2.00%



ii. Higher Education Members (assumptions used in valuing the TRS retirement plan)

<u>Years of Service</u>	<u>Merit, Promotion, Longevity</u>	<u>General</u>	<u>Total</u>
1	6.0%	3.5%	9.5%
2	2.5	3.5	6.0
3	1.9	3.5	5.4
4	1.7	3.5	5.2
5	1.5	3.5	5.0
6	1.4	3.5	4.9
7	1.2	3.5	4.7
8-12	1.0	3.5	4.5
13	0.8	3.5	4.3
14	0.7	3.5	4.2
15	0.6	3.5	4.1
16-17	0.5	3.5	4.0
18	0.4	3.5	3.9
19-20	0.3	3.5	3.8
21-22	0.2	3.5	3.7
23-24	0.1	3.5	3.6
25 or more	0	3.5	3.5

- g. **Payroll Growth**: For purposes of total member projected payroll, payroll is assumed to increase 3.00% per year.
- h. **Dependency Status**: Marital status and spouse/dependent children coverage elections in accordance with GBP records were used for current retired members.

For future retired members and their spouses:

- i. a) State Agency Members
 Female spouses are assumed to be 2 years younger than their male counterparts.
- b) Higher Education Members
 Female spouses are assumed to be 3 years younger than their male counterparts.
- ii. 36% of the male members are assumed to be married and electing coverage for their spouse, and 20% of the female members are assumed to be married and electing coverage for their spouse.



- iii. The proportion of future retirees covering dependent children is based upon the retiree’s age at retirement as follows:

<u>Age at Retirement</u>	<u>Percentage of Retirees Covering Dependent Children</u>
<50	35%
50-54	33%
55-59	18%
60-64	8%
65-69	3%
>70	1%

- iv. Current retirees covering dependent children are assumed to continue such coverage until the child reaches age 23. Future retirees who cover dependent children are expected to cover dependent children for a period of seven years on average.
- v. 40% of current and future retiree spouses are assumed to continue health coverage for their lifetime after the death of the retiree. No dependent children are assumed to continue health coverage after the death of the retiree.

i. **Declinations:**

98% of future Service Retirees are assumed to elect health coverage at retirement and remain covered until death. The remaining 2% of future Service Retirees are expected to demonstrate outside health coverage and receive an Employer contribution towards certain other optional benefits (i.e., Opt-Out Credit).

100% of future retirees who decrement for causes other than Service Retirement (e.g., Disability and Termination–without account balance withdrawal) are assumed to elect health coverage at retirement and remain covered until death.

j. **HealthSelect Medicare Advantage Participation:**

- i. For current retirees and retiree spouses eligible for participation in the HealthSelect Medicare Advantage Plan: based on actual election.
- ii. For current retirees and retiree spouses not yet eligible for HealthSelect Medicare Advantage participation and for future retirees and retiree spouses: 71% are assumed to participate in HealthSelect Medicare Advantage at the earliest date at which coverage can commence under this program.



k. **Tobacco Usage:**

- i. For current retirees and retiree spouses, tobacco usage is based on records of the System.
- ii. 9.0% of future retirees are assumed to use tobacco, and 8.0% of future retiree spouses are assumed to use tobacco.

l. **Assumed Commencement Age if Eligible for OPEB following Termination**

<u>Group</u>	<u>Service at Termination (x)</u>	<u>Assumed Commencement Age</u>
a. ERS - Regular Class	$x \geq 20$	60
	$18 \leq x < 20$	62
	$10 \leq x < 18$	65
b. ERS - CPO/CO	$x \geq 10$	55
c. ERS - Elected Class	$x \geq 12$	50
	$8 \leq x < 12$	60
d. TRS (Higher Education)	$x \geq 20$	60
	$18 \leq x < 20$	62
	$10 \leq x < 18$	65
e. ORP (Higher Education)	$x \geq 20$	60
	$18 \leq x < 20$	62
	$10 \leq x < 18$	65
f. JRS I and II	$x \geq 12$	58
	$10 \leq x < 12$	60

2. **Economic Assumptions**

- a. **Administrative Expenses:** The expenses to administer the GBP health benefits are (i) \$189.24 (\$180.24 for medical plus \$9.00 for prescription drugs) per year per covered member for external HealthSelect administrative expenses for FY 2018 and (ii) approximately \$55.78 per year per covered member for internal administrative expenses for FY 2018 (including the ACA Patient-Centered Outcomes Research Institute (PCORI) fee). The external and internal administrative expenses per covered member are the same regardless of whether the member covers dependents.



b. **Stop-loss Reinsurance:** Stop-loss reinsurance is not purchased for the GBP.

c. **Discount Rate:** Equal to the municipal bond rate of 3.51%*.

* The source of the municipal bond rate is the Bond Buyer Index of general obligation bonds with 20 years to maturity and mixed credit quality. In describing their index, the Bond Buyer notes that the bonds' average credit quality is roughly equivalent to Moody's Investors Service's Aa2 rating and Standard & Poor's Corp.'s AA.

d. **Health Benefit Cost Trend:** The assumed Per Capita Health Benefit Cost assumptions shown in items 2.i., 2.j., and 2.k. below are assumed to increase at the rates shown below.

<u>Fiscal Year</u>	<u>Annual Rate of Increase</u>
2019	8.50%
2020	8.00%
2021	7.50%
2022	7.00%
2023	6.50%
2024	6.00%
2025	5.50%
2026	5.00%
2027 and beyond	4.50%

e. **Trend Rate for Retiree Contributions:** The portions of retiree contributions attributable to non-life insurance benefits for both HealthSelect and HealthSelect Medicare Advantage Plan are assumed to increase from their amounts in FY 2018 at the rates shown below.

<u>Fiscal Year</u>	<u>Annual Rate of Increase*</u>
2019	0.75%
2020	8.00%
2021	7.50%
2022	7.00%
2023	6.50%
2024	6.00%
2025	5.50%
2026	5.00%
2027 and beyond	4.50%

* The retiree contribution rates are assumed to increase at the same rate as the Health Benefit Cost Trend except for FY19 for which the increase is limited in accordance with the increase included in the Legislative Appropriation Request.

f. **Expense Trend Rate:** Internal and external administrative expenses are assumed to increase 2.50% per annum.

g. **Trend Rate for the Opt-Out Credit:** The monthly benefit of \$60 in FY 2018 is not assumed to increase in the future.



- h. **Health Coverage by Governmental Plans:** There has been no consideration of anticipated changes in laws concerning health costs covered by governmental programs. However, presently enacted changes in the law that take effect in future periods that will affect future benefit coverages are considered. The proportion of health benefits which are currently covered by governmental programs has been assumed to remain constant in the future.
- i. **Assumed HealthSelect Per Capita Health Benefit Cost (Medical and Prescription Drugs) for Fiscal Year 2018 for Covered Retirees and Spouses* (reflects benefits in effect September 1, 2017)**

Assumed Annual Claims Cost per Retiree			Assumed Annual Claims Cost per Retiree			Assumed Annual Claims Cost per Retiree		
Age	Male	Female	Age	Male	Female	Age	Male	Female
22	\$ 2,588	\$ 4,789	52	\$ 8,074	\$ 8,940	82	\$ 4,721	\$ 4,310
23	2,614	4,837	53	8,347	9,071	83	4,759	4,335
24	2,641	4,886	54	8,621	9,202	84	4,797	4,361
25	2,667	4,936	55	8,894	9,333	85	4,835	4,388
26	2,694	4,986	56	9,168	9,464	86	4,874	4,414
27	2,722	5,036	57	9,441	9,595	87	4,913	4,440
28	2,786	5,140	58	9,841	9,882	88	4,952	4,467
29	2,850	5,245	59	10,240	10,169	89	4,992	4,494
30	2,914	5,349	60	10,640	10,457	90	5,032	4,521
31	2,978	5,454	61	11,039	10,744	91	5,072	4,548
32	3,041	5,558	62	11,439	11,031	92	5,113	4,575
33	3,143	5,680	63	11,896	11,473	93	5,153	4,603
34	3,244	5,802	64	12,372	11,932	94	5,195	4,630
35	3,345	5,924	65	5,000	4,118	95	5,236	4,658
36	3,447	6,045	66	5,050	4,159	96	5,278	4,686
37	3,548	6,167	67	5,101	4,201	97	5,320	4,714
38	3,697	6,319	68	5,022	4,193	98	5,363	4,742
39	3,845	6,471	69	4,942	4,184	99	5,406	4,771
40	3,994	6,623	70	4,863	4,176	100	5,449	4,799
41	4,143	6,774	71	4,783	4,167	101	5,493	4,828
42	4,291	6,926	72	4,703	4,158	102	5,537	4,857
43	4,580	7,147	73	4,624	4,150	103	5,581	4,886
44	4,869	7,368	74	4,544	4,141	104	5,626	4,916
45	5,158	7,588	75	4,465	4,133	105	5,671	4,945
46	5,446	7,809	76	4,501	4,158	106	5,716	4,975
47	5,735	8,030	77	4,537	4,183	107	5,762	5,005
48	6,203	8,212	78	4,573	4,208	108	5,808	5,035
49	6,671	8,394	79	4,609	4,233	109	5,854	5,065
50	7,138	8,576	80	4,646	4,258	110	5,901	5,095
51	7,606	8,758	81	4,683	4,284			

* Spouses' per capita costs are assumed to be 127% of the amounts shown in this table.



j. **Assumed HealthSelect Medicare Advantage Plan Per Capita Health Benefit Cost (Medical and Prescription Drugs) for Fiscal Year 2018 for Covered Retirees and Spouses* (reflects benefits in effect September 1, 2017)**

Age	Assumed Annual Claims Cost per Retiree		Age	Assumed Annual Claims Cost per Retiree	
	Male	Female		Male	Female
65	\$ 3,492	\$ 3,594	88	\$ 3,823	\$ 3,704
66	3,506	3,609	89	3,837	3,714
67	3,521	3,625	90	3,852	3,724
68	3,537	3,619	91	3,866	3,734
69	3,553	3,614	92	3,881	3,744
70	3,569	3,608	93	3,895	3,754
71	3,584	3,602	94	3,910	3,764
72	3,600	3,596	95	3,925	3,775
73	3,616	3,591	96	3,940	3,785
74	3,632	3,585	97	3,956	3,796
75	3,648	3,579	98	3,971	3,806
76	3,661	3,588	99	3,986	3,817
77	3,673	3,598	100	4,002	3,827
78	3,687	3,607	101	4,018	3,838
79	3,700	3,616	102	4,033	3,849
80	3,713	3,626	103	4,049	3,860
81	3,726	3,635	104	4,065	3,871
82	3,740	3,645	105	4,082	3,882
83	3,753	3,655	106	4,098	3,893
84	3,767	3,664	107	4,114	3,904
85	3,781	3,674	108	4,131	3,915
86	3,795	3,684	109	4,148	3,926
87	3,809	3,694	110	4,165	3,937

* The prescription drug components of spouses' per capita costs are assumed to be 127% of the prescription drug amounts included in this table.

k. **Dependent Children: Assumed Per Capita Health Benefit Cost for Fiscal Year 2018 (reflects benefits in effect September 1, 2017):**

\$6,505 annual per capita benefit cost for each retiree covering dependent children irrespective of the number of children covered.

l. **Dental Benefits:** The present value of future expected dental benefits is assumed to be equal to the present value of future retiree contributions towards dental benefits.

m. **Vision Benefits:** The present value of future expected vision benefits is assumed to be equal to the present value of future retiree contributions towards vision benefits.



- n. **Cost Sharing Provisions:** Deductibles, copayments and coinsurance levels and retiree contribution levels are assumed to increase at the same rate as the health benefit cost trend, consistent with the expected operation of the substantive plan (i.e., the proportion of non-Medicare expenses covered by the employer/employee is assumed to remain constant).
- o. **General Price Inflation:** Both the health benefit cost trend and the discount rate include the same inflationary element attributable to changes in general price levels, 2.50%.

3. **Other Assumptions**

a. **Valuation Payroll**

Valuation Payroll (earnings applied to the current valuation year) is the payroll for the fiscal year ending on the valuation date. It is based on reported payroll determined from August member contributions.

b. **Missing Data**

i. Service for Non-ERS Members

Service for all employees who are not members of ERS (except as indicated in (ii) below) is determined as follows: (i) for employees hired before September 1, 2003, service is calculated as the elapsed time from original date of hire to the valuation date, and (ii) for employees hired after August 31, 2003, service is calculated as the elapsed time from completion of the waiting period to the valuation date.

ii. Pre-September 1, 1992 Higher Education Hires

Service for pre-September 1, 1992 Higher Education hires, whose date of hire was reported as September 1, 1992, is assumed to have the same service distribution as State Agency employees.

iii. ORP Vested Terminated Employees

Census data for vested terminated higher education employees participating in the ORP was not available at the time of this valuation. As a result, the ORP vested terminated employees liability is assumed to have the same ratio to the ORP retiree liability as the ratio of TRS vested terminated employee liability to the TRS retiree liability. In other words, the ORP retiree liability is multiplied by this TRS ratio to determine the ORP vested terminated liability. The estimated number of ORP vested terminated members is determined in the same manner.



c. **Demographic Assumptions for TMRS, TCDRS, TTA and CSCD**

Employees of Texas Municipal Retirement System, Texas County and District Retirement System, Texas Turnpike Authority and Community Supervision and Corrections Departments are assumed to exhibit the same demographic decrements as Regular Class ERS members.

d. **Graduate Students**

Graduate students are excluded from this valuation because none of the graduate students are assumed to satisfy the eligibility criteria for benefits under this plan during the period of their employment as a graduate student.

4. **Changes in Assumptions**

a. **Demographic Assumptions**

Since the last valuation was prepared for this plan, demographic assumptions (including rates of retirement, disability, termination, and mortality, assumed salary increases and assumed age difference for future retirees and their spouses for selected classes of State Agency employees), assumed aggregate payroll increases and the assumed rate of general inflation have been updated to reflect assumptions recently adopted by the ERS Trustees. These new assumptions were adopted to reflect an experience study on the ERS retirement plan performed by the ERS retirement plan actuary.

In addition, the following assumptions have been updated since the previous valuation to reflect recent plan experience and expected trends:

- Percentage of current retirees and retiree spouses not yet eligible to participate in the HealthSelect Medicare Advantage Plan and future retirees and retiree spouses who will elect to participate in the plan at the earliest date at which coverage can commence.
- Proportion of future retirees covering dependent children.
- Percentage of future retirees assumed to be married and electing coverage for their spouse.

b. **Economic Assumptions**

The assumed rate of general inflation has been updated since the previous valuation to remain consistent with the ERS retirement plan assumption previously adopted by the ERS Trustees.



Assumptions for Expenses, Assumed Per Capita Health Benefit Costs and Health Benefit Cost, Retiree Contribution and Expense trends have been updated since the previous valuation to reflect recent health plan experience and its effects on our short-term expectations and the revised assumed rate of general inflation.

The discount rate was lowered as a result of requirements by GASB No. 74 to utilize the yield or index rate for 20-year, tax-exempt general obligation bonds rated AA/Aa (or equivalent) or higher.

Minor benefit changes have been reflected in the FY 2018 Assumed Per Capita Health Benefit Costs.

Please see our previous valuation report dated November 4, 2016 for a complete list of our previous economic assumptions.



Section IX - Outline of Principal Eligibility and Benefit Provisions

A. Plan Identification

1. Plan Name

Other Post-Employment Benefits provided under the Texas Employees Group Benefits Program (GBP)

2. Plan Type

The GBP is a cost-sharing multiple-employer defined benefit OPEB plan. Employers participating in the GBP include:

- a. the State of Texas which is the employer for all state agency employees and employees of senior colleges and universities,
- b. 51 Texas junior and community colleges,
- c. the Texas Municipal Retirement System, Texas County and District Retirement System and the Texas Turnpike Authority,
- d. Community Supervision and Corrections Departments.

3. Contributions and Reserves

- a. The authority under which the obligations of the plan members and Employer are established and or may be amended is Chapter 1551, Texas Insurance Code.
- b. The Employer and member contribution rates are determined annually by the ERS Board Trustees based on the recommendations of the ERS staff and consulting actuary. The contribution rates are determined based on (i) the benefit and administrative costs expected to be incurred, (ii) the funds appropriated and (iii) the funding policy established by the Texas Legislature in connection with benefits provided through the GBP. The Trustees revise benefits when necessary to match expected benefit and administrative costs with the revenue expected to be generated by the appropriated funds.
- c. There are no long-term contracts for contributions to the plan.



B. Employee Classification Requirements for Future Benefit Eligibility

State agency and higher education employees must meet the following classification requirements in order to be eligible for OPEB provided they also meet the age and service conditions described in item C. below.

1. State Agency or Higher Education Employee

An individual must be an elected or appointed officer or employee who performs service (other than an independent contractor) for the State of Texas, including an institution of higher education, other than the University of Texas or Texas A&M University Systems, and who:

- a. receives compensation for the service performed pursuant to a payroll certified by a state agency or by an elected or appointed officer, or
- b. receives compensation for service performed for an institution of higher education pursuant to a payroll certified by an institution of higher education or by an elected or appointed officer of the State.

2. Employees of Certain Other Entities

- a. Officers or employees of Texas Municipal Retirement System or Texas County and District Retirement System
- b. Certain employees or officers of the Texas Turnpike Authority
- c. Employees of the Community Supervision and Corrections Departments



C. Eligibility for OPEB

The employee's eligibility for GBP OPEB is dependent upon the event which initiates the employee's severance from employment.

<u>Event</u>	<u>GBP OPEB Eligibility</u>			<u>Commencement of GBP Benefits</u>
	<u>At Least</u>		<u>Age + Service</u>	
	<u>Age</u>	<u>Service</u>		<u>Age</u>
1. <u>Service Retirement or Death</u>				
a. ERS - Regular Class	60	10	80	65
	or	10		Immediately upon Retirement
b. ERS - CPO/CO	55	10		Immediately upon Retirement
	or	20		Immediately upon Retirement
	or	10	80	Immediately upon Retirement
c. ERS - Elected Class	60	8		Immediately upon Retirement
	or	12		Immediately upon Retirement
d. TRS (Higher Education)	55	10		65
	or	30		65
	or	10	80	Immediately upon Retirement
e. ORP (Higher Education)		10	80	Immediately upon Retirement
f. JRS I and II	60	10*		Immediately upon Retirement
	or	20		Immediately upon Retirement
	or	12**	70	Immediately upon Retirement

* 10 years required if holding a judicial office at the time of retirement; otherwise 12 years.

** 12 years of service on an appellate court.

<u>Event</u>	<u>GBP OPEB Eligibility</u>			<u>Commencement of GBP Benefits</u>
	<u>At Least</u>		<u>Age + Service</u>	
	<u>Age</u>	<u>Service</u>		<u>Age</u>
2. <u>Disability</u>				
a. ERS - Regular Class		10*		Immediately upon Disability
b. ERS - CPO/CO		10*		Immediately upon Disability
c. ERS - Elected Class		8*		Immediately upon Disability
d. TRS (Higher Education)		10		Immediately upon Disability
e. ORP (Higher Education)		10		Immediately upon Disability
f. JRS I and II		7		Immediately upon Disability

* Service Requirement is waived if the disability is an occupational disability.



3. Termination

- a. Same Age/Service/Age+Service requirements as Service Retirement in item 2.a. above, provided at the time of termination the employee has at least:
 1. 10 service years for Regular, CPO/CO, TRS and ORP classes
 2. 8 service years for Elected class members
 3. 12 service years for the JRS I and II classes
- b. Only eligible for benefits at commencement age if employee contributions are not withdrawn prior to commencement age.

D. Post-Employment Health Benefits

1. For purposes of the valuation, all retirees, including those presently enrolled in HMOs, are assumed to have GBP health coverage under HealthSelect (unless they elect or are assumed to elect the HealthSelect Medicare Advantage Plan for Medicare-primary years of coverage), a self-funded health plan providing medical and prescription drug coverage. (See chart at end of this section for details.) We have adopted this assumption due to the small number of retirees enrolled in HMOs and the similarity between the cost of HealthSelect and HMO coverage.
2. For benefit years prior to the date on which Medicare becomes primary, HealthSelect (Medical and Prescription Drug) is primary. (See chart at end of this section for details.)
3. For benefit years after the date on which Medicare becomes primary:
 - a. For retirees and spouses participating in HealthSelect:
 - (i) HealthSelect medical coverage is secondary to Medicare (secondary via Coordination of Benefits method) (See chart at end of this section for details.)
 - (ii) HealthSelect prescription drug coverage remains primary.
 - b. For retirees and spouses participating in the HealthSelect Medicare Advantage Plan:
 - (i) HealthSelect Medicare Advantage Plan medical coverage is provided in lieu of Medicare and HealthSelect medical coverage. (See chart at end of this section for details.)
 - (ii) HealthSelect prescription drug coverage remains primary.
4. Covered Retirees are eligible for coverage until death.
5. Retiree Spouses may be covered until death provided the applicable monthly contribution is paid on behalf of the covered spouse.
6. Dependent Children may be covered provided the applicable monthly contribution is paid on behalf of the dependent children.
 - a. Coverage ceases when the child reaches age 26 or when the child marries, if earlier. However, a child who is mentally retarded or physically incapacitated may continue coverage beyond age 26 provided such child remains a dependent of the retired member.
 - b. The term child includes an adopted child, a foster child, a stepchild or other child in a parent-child relationship.



E. Post-Employment Life Insurance Coverage

1. Retirees participating in GBP health coverage are eligible for \$2,500 life insurance coverage funded by the Employer.
2. Retirees who opt-out of health coverage are not eligible for Employer-funded life insurance.
3. Employer-funded life insurance coverage is not available for spouses or other dependent children.

F. Opt-Out Credit

Applicable to certain optional benefits for retirees who opt out of GBP health coverage provided they demonstrate that they have health coverage outside of the GBP.

1. Retirees who opt out of the GBP health benefits are eligible.
2. Opt-Out credit is up to \$60 per month for full-time retirees and \$30 per month for part-time retirees. Retirees may use the credit only to purchase dental coverage.
3. The retiree qualifies for a \$60 credit without regard to whether the retiree has a spouse or dependent children.

G. Other Optional Benefits Available at Cost to Eligible Retirees

1. Dental Options
 - a. State of Texas Dental Choice Plan
 - b. Dental HMO
2. Optional Group Term Life Insurance with a face value of \$10,000 or up to two times salary.
3. Optional Dependent Group Term Life Insurance with a face value of \$2,500.
4. State of Texas Vision Plan



H. Retiree Contributions

1. Health Coverage

a. HealthSelect

Annually, ERS determines the uniform contribution rates for members participating in HealthSelect. The monthly member contribution rates for FY18 are:

	100% State Contributions Current Retirees and Future Retirees with 5+ YOS on September 1, 2014 ¹		Future Retirees with Fewer than 5 YOS on September 1, 2014					
			50% State Contributions Less than 15 YOS at Retirement ²		75% State Contributions At least 15 YOS but less than 20 YOS at Retirement ³		100% State Contributions 20+ YOS at Retirement ⁴	
	<u>Full-Time</u>	<u>Part-Time</u>	<u>Full-Time</u>	<u>Part-Time</u>	<u>Full-Time</u>	<u>Part-Time</u>	<u>Full-Time</u>	<u>Part-Time</u>
Member	\$ 0.00	\$ 309.84	\$ 309.84	\$ 464.76	\$ 154.92	\$ 387.30	\$ 0.00	\$ 309.84
Member plus Spouse	\$ 356.32	\$ 844.32	\$ 844.32	\$ 1,088.32	\$ 600.32	\$ 966.32	\$ 356.32	\$ 844.32
Spouse, if Retiree is deceased	\$ 712.64	\$ 712.64	\$ 712.64	\$ 712.64	\$ 712.64	\$ 712.64	\$ 712.64	\$ 712.64
Member plus Dependent Children	\$ 238.58	\$ 667.71	\$ 667.71	\$ 882.28	\$ 453.14	\$ 774.99	\$ 238.58	\$ 667.71
Dependent Children, if Retiree is deceased	\$ 477.16	\$ 477.16	\$ 477.16	\$ 477.16	\$ 477.16	\$ 477.16	\$ 477.16	\$ 477.16
Member plus Family, if Retiree is alive	\$ 594.90	\$ 1,202.19	\$ 1,202.19	\$ 1,505.84	\$ 898.54	\$ 1,354.01	\$ 594.90	\$ 1,202.19
Spouse plus Children, if Retiree is deceased	\$ 1,189.80	\$ 1,189.80	\$ 1,189.80	\$ 1,189.80	\$ 1,189.80	\$ 1,189.80	\$ 1,189.80	\$ 1,189.80

¹ Actual Retiree Contribution Rates for FY18. Tobacco users pay an additional \$30 per month. These rates will also apply to ERS - Elected Class members, JRS I and II members, and disabled members from any class, irrespective of those members' YOS at September 1, 2014.

² Hypothetical Retiree Contribution Rates for FY18. Tobacco users pay an additional \$30 per month. These rates (adjusted for post-FY18 increases) will not be used until FY19 since that will be the first time an employee with less than 5 YOS on September 1, 2014 could retire with 10 YOS. These rates will not apply to ERS-Elected Class members, JRS I and II members or disabled members from any class, irrespective of those members' YOS at September 1, 2014.

³ Hypothetical Retiree Contribution Rates for FY18. Tobacco users pay an additional \$30 per month. These rates (adjusted for post-FY18 increases) will not be used until FY24, since that will be the first time an employee with less than 5 YOS on September 1, 2014 could retire with 15 YOS. These rates will not apply to ERS-Elected Class members, JRS I and II members or disabled members from any class, irrespective of those members' YOS at September 1, 2014.

⁴ Hypothetical Retiree Contribution Rates for FY18. Tobacco users pay an additional \$30 per month. These rates (adjusted for post-FY18 increases) will not be used until FY29, since that will be the first time an employee with less than 5 YOS on September 1, 2014 could retire with 20 YOS. These rates will not apply to ERS-Elected Class members, JRS I and II members or disabled members from any class, irrespective of those members' YOS at September 1, 2014.



b. HealthSelect Medicare Advantage Plan

Annually, ERS determines the uniform contribution rates for members participating in the HealthSelect Medicare Advantage Plan option. The monthly member contribution rates for calendar year 2018 are:

	100% State Contributions Current Retirees and Future Retirees with 5+ YOS on September 1, 2014 ¹		Future Retirees with Fewer than 5 YOS on September 1, 2014					
	<u>Full-Time</u>	<u>Part-Time</u>	50% State Contributions Less than 15 YOS at Retirement ²		75% State Contributions At least 15 YOS but less than 20 YOS at Retirement ³		100% State Contributions 20+ YOS at Retirement ⁴	
			<u>Full-Time</u>	<u>Part-Time</u>	<u>Full-Time</u>	<u>Part-Time</u>	<u>Full-Time</u>	<u>Part-Time</u>
Member	\$ 0.00	\$ 160.56	\$ 160.56	\$ 240.84	\$ 80.28	\$ 200.70	\$ 0.00	\$ 160.56
Member plus Spouse	\$ 160.56	\$ 401.40	\$ 401.40	\$ 521.82	\$ 280.98	\$ 461.61	\$ 160.56	\$ 401.40
Spouse, if Retiree is deceased	\$ 321.12	\$ 321.12	\$ 321.12	\$ 321.12	\$ 321.12	\$ 321.12	\$ 321.12	\$ 321.12
Member plus Dependent Children	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dependent Children, if Retiree is deceased	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Member plus Family, if Retiree is alive	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Spouse plus Children, if Retiree is deceased	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

2. Annually, ERS determines the retiree contribution rate for basic life insurance. The monthly member contribution rates for FY18 are:

<u>Basic Life Insurance (\$2,500 of Coverage) for</u>	<u>All Retirees Except</u>	<u>Part-time</u>
<u>Retiree</u>	<u>Part-time Retirees</u>	<u>Retirees</u>
	\$ 0	\$ 1.11

¹ Actual Retiree Contribution Rates for CY18. Tobacco users pay an additional \$30 per month. These rates will also apply to ERS - Elected Class members, JRS I and II members, and disabled members from any class, irrespective of those members' YOS at September 1, 2014.

² Hypothetical Retiree Contribution Rates for CY18. Tobacco users pay an additional \$30 per month. These rates (adjusted for post-CY18 increases) will not be used until FY19 since that will be the first time an employee with less than 5 YOS on September 1, 2014 could retire with 10 YOS. These rates will not apply to ERS-Elected Class members, JRS I and II members or disabled members from any class, irrespective of those members' YOS at September 1, 2014.

³ Hypothetical Retiree Contribution Rates for CY18. Tobacco users pay an additional \$30 per month. These rates (adjusted for post-CY18 increases) will not be used until FY24, since that will be the first time an employee with less than 5 YOS on September 1, 2014 could retire with 15 YOS. These rates will not apply to ERS-Elected Class members, JRS I and II members or disabled members from any class, irrespective of those members' YOS at September 1, 2014.

⁴ Hypothetical Retiree Contribution Rates for CY18. Tobacco users pay an additional \$30 per month. These rates (adjusted for post-CY18 increases) will not be used until FY29, since that will be the first time an employee with less than 5 YOS on September 1, 2014 could retire with 20 YOS. These rates will not apply to ERS-Elected Class members, JRS I and II members or disabled members from any class, irrespective of those members' YOS at September 1, 2014.



I. Funding Mechanism

1. HealthSelect Medical and Prescription Drug benefits are self-funded. Medical benefits under the HealthSelect Medicare Advantage Plan are fully insured.
2. Basic Life Insurance benefits are fully insured under a minimum premium funding arrangement.
3. Dental
 - a. State of Texas Dental Choice Plan is self-funded through contributions made by employees and retirees.
 - b. Dental HMO is fully insured through contributions made by employees and retirees.
 - c. The State does not contribute toward dental coverage.
4. Optional Group Term Life Insurance and Dependent Group Term Life Insurance are fully insured under a minimum premium funding arrangement. Such coverages are fully funded by employee and retiree contributions. The State does not contribute toward these coverages.
5. Vision
 - a. State of Texas Vision Plan is self-funded through contributions made by employees and retirees.
 - b. The State does not contribute toward vision coverage.



J. Health Benefits Chart Out-of-Pocket Expenses in effect September 1, 2017

1. Medical Benefits a. HealthSelect (Non-Medicare primary)

Benefits	HealthSelect SM of Texas ¹				Consumer Directed HealthSelect SM ¹		HMOs	
	In-Area		HealthSelect SM of Texas Out-of-State ²		Network	Non-Network	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network	Network	Non-Network				
Calendar year deductible	None	\$500 per person \$1,500 per family	None	\$500 per person \$1,500 per family	\$2,100 per person \$4,200 per family	\$4,200 per person \$8,400 per family	None	None
Out-of-pocket coinsurance maximum ³	\$2,000 per person per calendar year	\$7,000 per person per calendar year	\$2,000 per person per calendar year	\$7,000 per person per calendar year	None	None	\$2,000 per person ³	\$2,000 per person ³
Total out-of-pocket maximum ¹⁰ (including deductibles, coinsurance and copays) ¹¹	**\$6,550 per person \$13,100 per family	None	**\$6,550 per person \$13,100 per family	None	**\$6,550 per person \$13,100 per family	**\$13,100 per person \$26,200 per family	\$6,550 per person \$13,100 per family ³	\$6,550 per person \$13,100 per family ¹
Primary care physician required	Yes	No	No	No	No	No	Community First - yes Scott & White - no	No
Primary care physicians' office visits	\$25	40%	\$25	40%	20%	40%	\$25	\$15
Mental health care								
a. Outpatient physician or mental health provider office visits	\$25 copay	40% coinsurance after you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance after you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance	\$25	\$25
b. Hospital Mental health inpatient stay (copay is \$150 per day, up to a maximum of \$750 per admission and a maximum of \$2,250 per calendar year.)	20% coinsurance after copay	40% coinsurance after copay and you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance after copay and you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance	20% coinsurance (plus \$150 a day copay per admission)	20% coinsurance (plus \$150 a day copay per admission)
c. Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment)	20% coinsurance	40% coinsurance after you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance after you meet the annual Non-Network Deductible	20% coinsurance	40% coinsurance	\$25 copay (prior authorization required)	\$25 copay
Physicals ⁴	No charge	40%	No charge	40%	No charge	40%	No charge	No charge
Specialty physicians' office visits	\$40	40%	\$40	40%	20%	40%	\$40	\$25
Routine eye exam, one per year per participant ⁵	\$40	40%	\$40	40%	20%	40%	\$40 ⁶	\$25 ⁷
Routine preventive care ⁸	No charge	40%	No charge	40%	No charge	40%	No charge	No charge
Diagnostic x-rays, lab tests, and mammography	20%	40%	20%	40%	20%	40%	20%	No charge ⁹ (physician office)
Office surgery and diagnostic procedures	20%	40%	20%	40%	20%	40%	20%	\$15 PCP or \$25 Specialist
High-tech radiology (CT scan, MRI, and nuclear medicine) ¹²	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 20%	\$100 copay plus 40%	20%	40%	\$100 copay plus 20% coinsurance	\$150 copay per scan type per day (Outpatient testing only)
Urgent care clinic	\$50 copay plus 20%	\$50 copay plus 40%	\$50 copay plus 20%	\$50 copay plus 40%	20%	40%	\$50 copay plus 20%	\$50 copay plus 20%

See footnotes on following page.



Benefits	HealthSelect SM of Texas ¹				Consumer Directed HealthSelect SM		HMOs	
	In-Area		HealthSelect SM of Texas Out-of-State ²		Network	Non-Network	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network	Network	Non-Network				
Urgent care clinic	\$50 copay plus 20%	\$50 copay plus 40%	\$50 copay plus 20%	\$50 copay plus 40%	20%	40%	\$50 copay plus 20%	\$50 copay plus 20%
Maternity Care doctor charges only ³ ; inpatient hospital copays will apply	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁴	40%	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁴	40%	No charge for routine prenatal appointments 20% for first post-natal visit	40%	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁴	No charge
Chiropractic Care								
a. Coinsurance	20%; \$40 copay plus 20% with office visit	40%	20%; \$40 copay plus 20% with office visit	40%	20%	40%	CFHP: 20%; \$40 copay SWHP: 20%; \$40 copay plus 20% with office visit	\$25 copay
b. Maximum benefit per visit	\$75	\$75	\$75	\$75	\$75	\$75	CFHP-\$75/ SWHP - None	-
c. Maximum visits Each participant Per calendar year	30	30	30	30	30	30	CFHP-30; SWHP-35 (maximum manipulative therapy visits)	30
Inpatient hospital (semi-private room and day's board, and intensive care unit) ⁵	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 40% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 40% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	20%	40%	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person ⁶)	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person ⁶)
Emergency care	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay)	20%	20%	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 copay plus 20% (if admitted copay will apply to hospital copay)
Outpatient surgery other than in physician's office	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 20%	\$100 copay plus 40%	20%	40%	\$100 copay plus 20%	\$150 copay plus 20%
Bariatric surgery ^{6, 8, 11}	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	Not covered	Not covered	Not covered	Not covered
Hearing aids	Plan pays up to \$1,000 per ear every three years (no deductible).				Plan pays up to \$1,000 per ear every three years (after deductible is met).		Plan pays up to \$1,000 per ear every three years (no deductible).	
Durable medical equipment ¹²	20%	40%	20%	40%	20%	40%	20%	20%
Ambulance services (non-emergency) ¹²	20%	20%	20%	20%	20%	20%	20%	20%

¹ Benefits are paid or allowable amounts; using providers who contract with Blue Cross Blue and Shield of Texas will protect you from liability for amounts over the allowable amount. ² HealthSelect Out of State applies to employees and retirees under age 65 and their eligible dependents who live or work outside of Texas. You cannot enroll in Out-of-State coverage unless your work or home address is outside of Texas. ³ Applies to plan year, September 1 - August 31. ⁴ Does not include copays. ⁵ Copay depends on whether treatment is given by PCP or specialist. ⁶ For treatment charges, one visit per plan year. ⁷ Outpatient testing only. Does not apply to inpatient services. ⁸ Active employees only; see health plan for additional requirements/limitations. ⁹ The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum. ¹⁰ No copay if high-tech radiology is performed during ER visit or inpatient admission. ¹¹ Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a participant's total network out-of-pocket maximum could contain a combination of coinsurance and/or copayments. (For example, a participant could pay up to \$9,550 in copayments alone if there was no coinsurance paid throughout the year. If a participant met the \$2,000 coinsurance out-of-pocket maximum, he/she would pay \$4,550 in copayments, totaling \$6,550 in overall out-of-pocket expense.) ¹² Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services. ¹³ Preauthorization required. Merit Health Benefits follow those of medical and surgical benefits listed in this chart. This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect plans and the HMOs. Contact the plan's customer service department for specific questions. ¹⁴ Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (at no cost to the participant), dependent upon physician billing and diagnosis. In some cases, the participant will still be responsible for payment on some services. ¹⁵ Effective calendar year.



b. HealthSelect (Medicare primary) and HealthSelect Medicare Advantage Plan (Medicare primary)

Benefit	Original Medicare ⁴ (Medicare rates are subject to change)	HealthSelect Medicare Advantage Plan ¹⁰ (No coordination with Medicare is necessary)	Medicare Primary, HealthSelect Secondary (HealthSelect and Medicare coordinate benefits for you)	Medicare Primary, GBP HMO Secondary (GBP HMO plans coordinate benefits with Medicare for you)		KelseyCare Advantage HMO (No coordination with Medicare is necessary)
				Community First, Scott & White	KelseyCare powered by Community	
Calendar year deductible	\$183	None	\$200 per individual \$600 per family	None	None	None
Office visits in conjunction with an illness or injury	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / \$25 ⁷ copay	\$0 copay / \$15 ⁷ copay	\$0
Specialty physician office visit	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / \$40 ⁷ copay	\$0 copay / \$25 ⁷ copay	\$0
Diagnostic tests and x-rays, including allergy testing	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / 20% ⁷ coinsurance	\$0 copay for diagnostic tests / x-rays. Allergy testing: \$15 PCP or \$25 specialist copay ^{6,7}	\$0
Diagnostic mammography	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / 20% ⁷ coinsurance	\$0 copay ⁷	\$0
Diagnostic lab services	\$0	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / 20% ⁷ coinsurance	\$0 copay ⁷	\$0
Preventive services* (such as screening mammogram, physical, well woman exam, prostate cancer screening, etc.)	\$0 ^{1,2} Does not cover lab tests	\$0 ^{1,3} Covers screening lab tests	\$0*	\$0 ¹	\$0 ¹	\$0 ^{1,2}
Mental health and substance use disorder						
a. Outpatient physician or mental health provider office visits	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$25	\$25	\$0
b. Hospital—inpatient stay (semi-private room and days board, and intensive care unit)	\$0 ⁴ after the following amounts for each benefit period: • \$1,316 deductible for days 1-90 • \$329 copay per day (days 61-90) • \$658 copay per lifetime reserve day (days 91-150)	\$0 per admission	\$0 ⁴ If provider doesn't accept Part A, then coverage is \$150 copay/day up to \$750 per admission and \$2,250 per Calendar Year 30% ^{4,7} after copay	\$0 copay / 30% insurance	20% coinsurance (plus \$150 a day copay per admission)	\$0
c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment)	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	Community First: \$25 copay (prior authorization required) Scott&White: \$25 copay (covered as any other illness)	\$25 copay	\$0
Office surgery and diagnostic procedures	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	Community First: 20% coinsurance ⁷ Scott&White: \$100 copay / 20% coinsurance	\$0 / \$15 PCP or \$25 specialist copay ^{6,7}	\$0
Immunizations*	\$0	\$0	\$0	\$0	\$0	\$0
High-tech radiology (CT scan, MRI, nuclear medicine)	20%	\$0	\$0 copay / 30% insurance	\$0 copay / \$100 ⁷ copay plus 20% coinsurance	\$150 ⁷ copay/scan type/ day	\$0
Allergy injections and serum	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / 20% ⁷ coinsurance	Allergy Serum: \$0 Without office visit: \$0 With office visit: \$15 PCP or \$25 specialist copay ^{6,7}	\$0



Benefit	Original Medicare ¹ (Medicare rates are subject to change)	HealthSelect Medicare Advantage Plan ^{2H} (No coordination with Medicare is necessary)	Medicare Primary, HealthSelect Secondary (HealthSelect and Medicare coordinate benefits for you)	Medicare Primary, GBP HMO Secondary (GBP = HMO plans coordinate benefits with Medicare for you)		KelseyCare Advantage HMO (No coordination with Medicare is necessary)
				Community First, Scott & White	KelseyCare powered by Community	
Routine eye exam	Does not cover	\$0 ¹	30% ^{1,4} coinsurance	\$40 copay ²	\$25 copay ²	\$0 ¹
Vision (Contact lens fitting exams are not covered)	Frames: You pay 100% for non-covered services 20% for one pair of eyeglasses after each cataract surgery with an intraocular lens.	\$0 for one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.	Frames: Does not cover	Community First: Does not cover Scott & White: Does not cover	Does not cover	\$150 plan coverage limit for eyewear, glasses, and/or contact lenses every two years unrelated to post-cataract surgery. ¹⁰ Allowance can only be used on date of service.
	Contacts: You pay 100% for non-covered services 20% for one set of contact lenses after each cataract surgery with an intraocular lens.	\$0 for one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.	Contacts: Does not cover	Community First: You receive a \$125 allowance every 2 years in lieu of glasses ⁹ Scott & White: Does not cover	Does not cover	
Routine hearing test	Does not cover	Does not cover	30% ⁴ coinsurance	Without office visit: 20% coinsurance, With office visit: \$40 copay plus 20% coinsurance	Without office visit: 20% coinsurance, With office visit: \$25 copay plus 20% coinsurance	\$0 copay for up to one supplemental routine hearing exam every year ¹²
Diagnostic speech and hearing testing	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$40 copay ⁷ plus 20% coinsurance	Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$25 copay ⁷ plus 20% coinsurance	\$0 for Medicare-covered diagnostic hearing exams
Speech and hearing therapy	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$40 copay ⁷ plus 20% coinsurance	Without office visit: \$0 copay / 20% ⁷ coinsurance With office visit: \$0 copay / \$25 copay ⁷ plus 20% coinsurance	\$0
Hearing aids	Does not cover	\$1,000 benefit allowance per ear every 3 years	\$1,000 benefit allowance per ear every 3 years	\$1,000 benefit allowance per ear every 3 years (Repairs not covered)	\$1,000 benefit allowance per ear every 3 years (Repairs not covered)	\$1,500 plan coverage limit for hearing aids every 2 years (Does not include battery replacement) \$0 copayment for up to one hearing aid fitting/evaluation every 2 years ⁷
Chiropractic care	20% for Medicare-covered chiropractic services	30% for specialist office visit for routine services, up to a maximum of a \$75 benefit per visit. Benefit is limited to 30 visits per plan year.	\$0 copay / 30% ^{4,7} coinsurance	Community First: \$0 copay / \$40 copay ⁷ Benefit is limited to 30 visits per plan year Scott & White: Without office visit: 20%; with office visit: \$40 plus 20%. Benefit is limited to 35 visits per calendar year; 5 per month	\$0 copay / \$25 copay ⁷ Benefit is limited to 30 visits per calendar year.	\$0 for each Medicare-covered visit
Urgent care clinic	20%	\$0	\$0 copay / 30% ^{4,7} coinsurance	\$0 copay / \$50 copay ⁷ + 20% coinsurance	\$0 copay / \$50 copay ⁷ + 20% coinsurance	\$0
Emergency room care	20% Plus emergency room copay (waived if admitted to hospital within 3 days of emergency room visit)	<ul style="list-style-type: none"> In U.S.: \$0 Outside U.S. and Puerto Rico: 20% after \$100 deductible. Limited to \$25,000 per plan year or 60 consecutive days, whichever is greater. 	\$0 copay/30% ^{4,7} coinsurance	\$0 copay / \$150 copay ⁷ plus 20% in area and out-of-area covered at listed copayment	\$0 copay / \$50 copay ⁷ plus 20% in area and out-of-area covered at listed copayment	<ul style="list-style-type: none"> In U.S.: \$0 Outside U.S.: 20% after \$250 deductible



Benefit	Original Medicare ⁴ (Medicare rules are subject to change)	HealthSelect Medicare Advantage Plan ^{5M} (No coordination with Medicare is necessary)	Medicare Primary, HealthSelect Secondary (HealthSelect and Medicare coordinate benefits for you)	Medicare Primary, GBP HMO Secondary (GBP HMO plans coordinate benefits with Medicare for you)		KelseyCare Advantage HMO (No coordination with Medicare is necessary)
				Community First, Scott & White	KelseyCare powered by Community	
Inpatient hospital (semi-private room and days board, and intensive care unit)	\$0 after the following amounts for each benefit period ⁶ : • \$1,316 deductible for days 1-60 • \$329 copay per day (days 61-90) • \$656 copay per lifetime reserve day (days 91-150)	\$0	\$0 copay / 30% insurance	\$0 ³ If provider doesn't accept Part A, then coverage is \$150 copay/ day up to \$750 per admission and \$2,250 per Calendar Year. 20% after copay	\$0 ⁴ If provider doesn't accept Part A, then coverage is \$150 copay/day up to \$750 per admission and \$2,250 per Calendar Year. 20% after copay	\$0 No limit to the number of days covered by the plan each benefit period ⁵
Outpatient surgery	20% Specified copay for outpatient hospital facility charges	\$0	\$0 copay / 30% insurance	\$0 copay / \$100 copay ¹ plus 20%	\$150 copay ²	\$0
Skilled nursing facility	• Days 1-20: \$0 (3-day hospital stay required) • Days 21-100: \$164.50 coinsurance per day • Per benefit period ⁵	• \$0 up to 100 days per benefit period (no 3-day hospital stay is required) • You pay 100% after 100 days	• No deductible • Plan pays 100%	\$0 copay / 20% ¹ coinsurance	\$0 copay / 20% ¹ coinsurance	• Days 1-100: \$0 copayment per day • Plan covers up to 100 days each benefit period ⁵ • No prior hospital stay is required
Home health care	\$0	\$0	\$0 copay/30% ^{1,7} coinsurance for home infusion therapy Plan pays 100% for all other home health care services with a maximum of 100 visits per calendar year	\$0 copay / 20% ¹ coinsurance	\$0 copay / 20% ¹ coinsurance	\$0
Hospice	• 5% of the Medicare- approved amount for inpatient respite care • \$5 copay for pain management drugs	Same benefits as under Original Medicare	\$0 copay / 30% ^{1,7} coinsurance	\$0 copay / 20% ¹ coinsurance	\$0 copay / 20% ¹ coinsurance	• Same benefits as under Original Medicare • You must receive care from a Medicare- certified hospice
Ambulance	20%	\$0	\$0 copay/30% ^{1,7} coinsurance Emergency care only. Not applicable to non-emergent transportation services	\$0 copay / 20% ¹ coinsurance	\$0 copay / 20% ¹ coinsurance	\$0
Private duty nursing	Does not cover	30% Pays a maximum benefit of \$8,000 per calendar year	30% ⁸ • Unlimited hours • Preauthorization is required	\$0 copay / 20% ¹ coinsurance	\$0 copay / 20% ¹ coinsurance	Does not cover

⁴Under the Affordable Care Act, certain preventive health and women's services are paid at 100% (at no cost to the member), conditioned upon physician billing and diagnosis. In some cases, you may still be responsible for payment on some services. Some age requirements may apply.

¹One per calendar year.

²One per plan year.

³No copayment for a pap smear once every 24 months; once every 12 months for those at high risk.

⁴After payment of deductible, HealthSelect and Medicare deductibles run concurrently. Member may be responsible for some charges when the provider does not accept Medicare assignment.

⁵A "benefit period" starts the day you go into the hospital. It ends after 60 days in a row without returning to hospital care. If you go into the hospital after one benefit period has ended, a new benefit period will begin. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you may have.

⁶Copayment amount depends on whether treatment is provided by a PCP or specialist.

⁷Payment amount is dependent upon the coordination of benefits (COB) between your carrier (HealthSelect, Community First, KelseyCare powered by Community Health Choice, Scott & White), and Original Medicare. Sometimes this means your expense is \$0, but charges will vary depending upon COB. Please reference your Summary of Benefits for more information.

⁸In the event that the provider/facility does not accept Medicare assignment, so the charges are not covered by Medicare and therefore not subject to COB, you may be responsible for copay(s) and/or a coinsurance. Please see your Summary of Benefits for more information.

⁹ERS cannot and does not guarantee the length of time that a specific type of "Value-Added" product shall be offered. Any questions or concerns about these products should be directed to your carrier.

¹⁰Does not count toward out-of-pocket maximum.



2. Prescription Drug Benefits (HealthSelect and HealthSelect Medicare Advantage)

	HealthSelect of Texas	Consumer Directed HealthSelect	HMOs
Deductible	\$50 for each covered individual (January 1 - December 31)	\$2,100 per individual and \$4,200 per family (in combined medical and pharmacy expenses) using in-network pharmacies (January 1 - December 31)	\$50 for each covered individual (September 1 - August 31)
Copays: In-network	Up to a 30-day supply of Non-maintenance medications: Tier 1: \$10, Tier 2: \$35, Tier 3: \$60 Maintenance medications*: Tier 1: \$10, Tier 2: \$45, Tier 3: \$75	20% coinsurance after the annual deductible is met	Up to a 30-day supply of Non-maintenance medications: Tier 1: \$10, Tier 2: \$35, Tier 3: \$60 Maintenance medications*: Tier 1: \$10, Tier 2: \$45, Tier 3: \$75
Copays: Out-of-network	Copay plus 40% coinsurance for all three tiers	40% coinsurance after the annual out-of-network deductible is met	Does not apply
Extended Days' Supply (EDS)**	90-day supply: Tier 1: \$30, Tier 2: \$105, Tier 3: \$180	20% coinsurance after the annual deductible is met.	Does not apply
Mail order	Yes	Yes	Yes
Brand-name drug payment	If a generic drug is available and you choose the brand-name drug, you will pay the Tier 1 copay or coinsurance, as applicable, plus the difference in cost to the plan between the brand-name drug and the generic drug.		

*A retail maintenance fee is an additional charge for filling a 30-day supply or less of maintenance medications, which are prescriptions you take regularly.

**An Extended Days' Supply (EDS) means a pharmacy can dispense up to a 90-day supply of maintenance prescription drugs at one time.



Section X - Glossary

Actuarial Accrued Liability (Past Service Liability): See Total OPEB Liability.

Actuarial Gain or Loss: From one plan year to the next, if the experience of the plan differs from that anticipated by the actuarial assumptions, an actuarial gain or loss occurs.

Actuarial Present Value of Projected Benefit Payments: Projected benefit payments include all benefits estimated to be payable to plan members (retirees and beneficiaries, terminated employees entitled to benefits but not yet receiving them, and current active members) as a result of their service through the valuation date and their expected future service. The actuarial present value of projected benefit payments as of the valuation date is the present value of the cost to finance benefits payable in the future, discounted to reflect the expected effects of the time value (present value) of money and the probabilities of payment. Expressed another way, it is the amount that would have to be invested on the valuation date so that the amount invested plus investment earnings will provide sufficient assets to pay total projected benefits when due.

Actuarial Value of Assets: See Fiduciary Net Position.

Actuarially Determined Contribution (ADC): A recommended contribution for the reporting period determined in conformity with Actuarial Standards of Practice.

Discount Rate: The single rate of return that, when applied to all projected benefit payments, results in an actuarial present value of projected benefit payments equal to the total of the actuarial present values determined using (a) the long-term rate of return for the periods during which the plan's fiduciary net position is sufficient to make the projected benefit payments and (b) the municipal bond rate for the remaining periods of the projection.

Entry Age Actuarial Cost Method: A method under which the actuarial present value of the projected benefits of each individual included in an actuarial valuation is allocated on a level basis over the earnings or service of the individual between entry age and assumed exit age(s). The portion of this actuarial present value allocated to a valuation year is called the Normal Cost. The portion of this actuarial present value not provided for at a valuation date by the actuarial present value of future normal costs is called the Total OPEB Liability (or Actuarial Accrued Liability).

Fiduciary Net Position: Assets plus deferred outflows of resources minus liabilities minus deferred inflows of resources. (Also known as the Actuarial Value of Assets.)

Healthcare Cost Trend Rates: The rates of change in per capita health claims costs over time as a result of factors such as medical inflation, utilization of healthcare services, plan design and technological developments.

Long-Term Expected Rate of Return: The expected return on OPEB plan investments that are expected to be used to finance the payment of benefits.

Money-Weighted Rate of Return: A method of calculating period-by-period returns on OPEB plan investments that adjusts for the changing amounts actually invested. For purposes of GASB No. 74, the money-weighted rate of return is calculated as the internal rate of return on OPEB plan investments, net of OPEB plan investment expense.



Municipal Bond Rate: 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).

Net OPEB Liability: The liability of employers and nonemployer contributing entities to plan members for benefits provided through a defined benefit OPEB plan that is administered through a trust that meets the criteria in paragraph 3 of GASB No. 74. The Net OPEB Liability is equal to the Total OPEB Liability reduced by the Fiduciary Net Position. (Also known as the Unfunded Actuarial Accrued Liability.)

Nonemployer Contributing Entities: For arrangements in which OPEB is provided through an OPEB plan that is administered through a trust that meets the criteria in paragraph 3 of GASB No. 74, entities that make contributions, including amounts for OPEB as the benefits come due, to an OPEB plan that is used to provide OPEB to the employees of other entities. For arrangements in which OPEB is provided through an OPEB plan that is not administered through a trust that meets the criteria in paragraph 3 of GASB No. 74, entities that make benefit payments as OPEB comes due for employees of other entities, whether directly or through the use of the entity's assets held by others for the purpose of providing OPEB. For purposes of GASB No. 74, plan members are not considered nonemployer contributing entities.

Normal Cost: Computed differently under different actuarial cost methods, the Normal Cost generally represents the portion of the Actuarial Present Value of Total Projected Plan Benefits attributed to the current year of service for active employees.

Total OPEB Liability: The portion of the actuarial present value of projected benefit payments that is attributed to past periods of member service in conformity with the requirements of GASB No. 74. The total OPEB liability is the liability of employers and nonemployer contributing entities to plan members for benefits provided through a defined benefit OPEB plan that is not administered through a trust that meets the criteria in paragraph 3 of GASB No. 74. (Also known as the Actuarial Accrued Liability.)

Unfunded Actuarial Accrued Liability: See Net OPEB Liability.