

City of Grand Rapids Police  
Other Postemployment Benefits  
Actuarial Valuation Report  
June 30, 2024



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November 19, 2024

Ms. Molly Clarin  
Chief Financial Officer  
City of Grand Rapids  
300 Monroe Avenue, N.W.  
Grand Rapids, Michigan 49503

**Re: City of Grand Rapids Police OPEB Actuarial Valuation as of June 30, 2024  
Actuarial Disclosures**

Dear Ms. Clarin:

The results of the June 30, 2024 Annual Actuarial Valuation of the Other Postemployment Benefits provided by the City of Grand Rapids for Police Employees are presented in this report.

This report was prepared at the request of the City of Grand Rapids and is intended for use by the City of Grand Rapids and those designated or approved by the City of Grand Rapids. This report may be provided to parties other than the City of Grand Rapids only in its entirety and only with the permission of the City of Grand Rapids. GRS is not responsible for unauthorized use of this report.

The purposes of the valuation are to measure the Plan's funding progress and to determine the employer contribution rate for the fiscal year ending June 30, 2026. This report should not be relied on for any purpose other than the purposes described herein. Determinations of financial results, associated with the benefits described in this report, for purposes other than those identified above may be significantly different.

This valuation assumed the continuing ability of the plan sponsor to make the contributions necessary to fund this plan. A determination regarding whether or not the plan sponsor is actually able to do so is outside our scope of expertise and was not performed.

Results presented in this report are developed using the actuarial assumptions and methods disclosed in this report. 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 or additional cost or contribution requirements based on the plan's funded status); and changes in plan provisions or applicable law. This report does not include a robust assessment of the risks of future experience not meeting the actuarial assumptions. Additional assessment of risks was outside the scope of this assignment. We encourage a review and assessment of the investment and other significant risks that may have a material effect on the plan's financial condition.

The findings in this report are based upon information furnished by the City, Blue Cross Blue Shield, and Advantage Benefits Group concerning retiree health care benefits, financial transactions, plan provisions and active members, terminated members, retirees and beneficiaries. We checked for internal reasonability and year-to-year consistency, but did not audit the data. We are not responsible for the accuracy or completeness of the information provided by the City, Blue Cross Blue Shield, and Advantage Benefits Group.

This report was prepared using assumptions adopted by the City. All actuarial assumptions used in this report are reasonable for the purposes of this valuation. All actuarial assumptions and methods used in the valuation follow the guidance in the applicable Actuarial Standards of Practice. Additional information about the actuarial assumptions is included in the section of this report entitled Actuarial Cost Method and Actuarial Assumptions.

This report was prepared using our proprietary valuation model and related software which, in our professional judgment, has the capability to provide results that are consistent with the purposes of the valuation and has no material limitations or known weaknesses. We performed tests to ensure that the model reasonably represents that which is intended to be modeled.


This report has been prepared by actuaries who have substantial experience valuing public retiree health programs. To the best of our knowledge, the information contained in this report is accurate and fairly presents the actuarial position of the Other Postemployment Benefits provided by the City of Grand Rapids for Police Employees as of the valuation date. All calculations have been made in conformity with generally accepted actuarial principles and practices and with the Actuarial Standards of Practice issued by the Actuarial Standards Board.

James D. Anderson, Abra D. Hill, and Michael D. Kosciuk are Members of the American Academy of Actuaries. These actuaries meet the Academy's Qualification Standards to render the actuarial opinions contained herein.

The signing actuaries are independent of the plan sponsor.

Gabriel, Roeder, Smith & Company will be pleased to review this valuation and report with the Board of Trustees and to answer any questions pertaining to the valuation.

Respectfully submitted,  
Gabriel, Roeder, Smith and Company

  
James D. Anderson, FSA, EA, FCA, MAAA

  
Abra D. Hill, ASA, FCA, MAAA

  
Michael D. Kosciuk, FSA, EA, FCA, MAAA

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# EXECUTIVE SUMMARY

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# Executive Summary

## Actuarially Determined Contribution

Please note that beginning with the fiscal year ending June 30, 2017, GASB Statement No. 43 was replaced by GASB Statement No. 74. Also, beginning with the fiscal year ending June 30, 2018, GASB Statement No. 45 was replaced by GASB Statement No. 75. The report dated September 13, 2024 complies with the actuarial requirements of GASB Statements No. 74 and No. 75 for the fiscal year ending June 30, 2024.

We have calculated the Actuarially Determined Contribution for the fiscal year ending June 30, 2026 using an **interest rate assumption of 5.0%**. Below is a summary of the results.

The total Actuarially Determined Contribution (ADC) for the fiscal year ending June 30, 2026 was determined to be \$138,230 (\$0 for DB, \$138,230 for RHSA). The expected employer portion of the claims and premium amounts paid during the fiscal year ending June 30, 2026 are estimated to be **\$3,581,678** for DB and \$59,167 for RHSA. These amounts reflect the employer portion of the retiree only premium rates and the implicit subsidy for retirees and covered spouses.

For additional details, please see Section A of the report.

## Liabilities and Assets

The present value of all benefits expected to be paid to current plan members as of June 30, 2024 is \$40,182,599 (\$38,672,413 for DB, \$1,510,186 for RHSA). The actuarial accrued liability, which is the portion of the \$40,182,599 attributable to service accrued by plan members as of June 30, 2024, is \$37,870,950 (\$37,667,757 for DB, \$203,193 for RHSA). The actuarial value of assets currently set aside for OPEB purposes as of June 30, 2024 is \$40,481,360. Assets are currently only allocated to the Defined Benefit portion of the plan. **Thus, the Police DB plan is 107.5% funded.**

## **SECTION A**

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### **VALUATION RESULTS**

## Development of the Actuarially Determined Contributions for the Other Postemployment Benefits

Contributions for	Police - Actuarially Determined Contribution		
	Defined Benefit <sup>1</sup>	RHSA <sup>2</sup>	Total
Normal Cost			
Normal Retirement	\$ 171,798		
Termination Benefits	31,645		
Disability/Death-in-Service	<u>44,246</u>		
Total Normal Cost	\$ 247,689	\$ 117,294	
Amortization of Unfunded Actuarial Accrued Liabilities (Amortized over 14 years)	\$ (260,637)	\$ 20,936	
Preliminary Actuarially Determined Contribution for the Fiscal Year Ending June 30, 2026	\$ (12,948)	\$ 138,230	
<b>Actuarially Determined Contribution for the Fiscal Year Ending June 30, 2026<sup>3</sup></b>	<b>\$ 0</b>	<b>\$ 138,230</b>	<b>\$ 138,230</b>

<sup>1</sup> For City budgeting purposes related to the Defined Benefit plan.

<sup>2</sup> RHSA information reflects the ability of Defined Contribution RHSA participants to access the Health Care plan at reduced costs due to blended rates plus employer paid duty disability benefits.

<sup>3</sup> As the plan cannot contribute back to the employer, no employer contribution is required for the DB group.

The unfunded actuarial accrued liabilities were amortized as a level dollar amount over a closed period of 14 years and decreasing by 1 each year thereafter.

The assumptions used to calculate the results shown above include a 5.0% investment return rate.

## Determination of Unfunded Actuarial Accrued Liability as of June 30, 2024

	Police		
	Defined Benefit <sup>1</sup>	RHSA <sup>2</sup>	Total
A. Present Value of Future Benefits			
1. Retirees and Beneficiaries	\$24,777,754	\$ 203,193	\$24,980,947
2. Vested Terminated Members	5,060,115	0	5,060,115
3. Active Members	<u>8,834,544</u>	<u>1,306,993</u>	<u>10,141,537</u>
Total Present Value of Future Benefits	\$38,672,413	\$ 1,510,186	\$40,182,599
B. Present Value of Future Employer Normal Costs	1,004,656	1,306,993	2,311,649
C. Actuarial Accrued Liability (A.-B.)	37,667,757	203,193	37,870,950
D. Actuarial Value of Assets	40,481,360	0	40,481,360
E. Unfunded Actuarial Accrued Liability (C.-D.)	\$(2,813,603)	<b>\$ 203,193</b>	\$(2,610,410)
F. <b>Funded Ratio (D./C.)</b>	<b>107.5%</b>	<b>0.0%</b>	<b>106.9%</b>

<sup>1</sup> For City budgeting purposes related to the Defined Benefit plan.

<sup>2</sup> RHSA information as required for GASB disclosure which reflects the ability of Defined Contribution RHSA participants to access the Health Care plan at reduced costs due to blended rates plus employer paid duty disability benefits.

## Illustrative Projections as of June 30, 2024\*

Year Ending June 30,	Asset Value BOY	Actuarially Determined Contribution	Health Care Benefits <sup>^</sup>	Investment Income	Asset Value EOY
2026	\$ 39,191,551	\$ -	\$ 3,581,678	\$ 1,871,128	\$ 37,481,001
2027	37,481,001	-	3,827,011	1,779,542	35,433,532
2028	35,433,532	-	3,982,422	1,673,330	33,124,440
2029	33,124,440	-	4,088,829	1,555,248	30,590,859
2030	30,590,859	-	4,199,773	1,425,829	27,816,915
2031	27,816,915	-	4,298,334	1,284,698	24,803,279
2032	24,803,279	-	4,080,852	1,139,387	21,861,814
2033	21,861,814	-	3,785,124	999,617	19,076,307
2034	19,076,307	-	3,662,483	863,370	16,277,194
2035	16,277,194	-	3,345,521	731,242	13,662,915
2036	13,662,915	-	2,756,839	615,065	11,521,141
2037	11,521,141	-	2,412,020	516,492	9,625,613
2038	9,625,613	-	2,113,619	429,085	7,941,079
2039	7,941,079	-	1,573,014	358,208	6,726,273
2040	6,726,273	-	974,696	312,243	6,063,820
2041	6,063,820	-	496,929	290,919	5,857,810
2042	5,857,810	-	337,644	284,552	5,804,718
2043	5,804,718	-	158,979	286,310	5,932,049
2044	5,932,049	-	97,780	294,188	6,128,457

- \* The projected results above are based on the existing Defined Benefit active, deferred, and retired members on the valuation date. Any benefits and/or contributions associated with Defined Contribution RHPA members, or members hired after the valuation date, have not been included in these results.
- <sup>^</sup> Health Care Benefit payments were loaded to reflect coverage for children and potential coverage for post-65 spouses until retiree attains age 65.

Unfunded actuarial accrued liabilities were amortized over a 14-year period.



## Comments

**Comment A:** The Actuarially Determined Contributions (ADC) for the fiscal year ending June 30, 2026 increased from the ADC determined in the previous valuation report. Factors contributing to this increase include, but are not limited to:

- Higher than expected claims experience; and
- Resetting the health care trend rates with an initial rate of 7.25%.

Partially offsetting these factors are decreases due to:

- Favorable investment experience relative to expectations.

The impact of resetting the health care trend rates increased the liability by approximately \$502,000.

**Comment B:** Liabilities increased this year for the reasons stated in Comment A. Premiums developed in the Trend Report published September 27, 2024 are based on three years of experience. This horizon is reasonable for the purpose of developing near-term premium rates, as these rates are re-evaluated each year. Actuarial funding and accounting valuations serve a different purpose relating to long-term stability and funding of the Health Care fund over a much longer time horizon. Due to this difference in time horizons, unexpected changes in the per capita claims will be magnified in the actuarial funding and accounting valuations. If claims costs increase unexpectedly in future years, significant increases in liabilities are possible.

**Comment C:** One of the key assumptions used in any valuation of the cost of postemployment benefits is the long-term rate of investment return on the plan assets that will be used to pay plan benefits. The June 30, 2024 valuation investment return assumption is 5.0%, as requested by the City.

**Comment D:** The contribution rates shown include amortization of the unfunded actuarial accrued liability over a closed period of 14 years.

**Comment E:** A 4.0% load was applied to all health care liabilities and projections of benefits paid to value the additional cost of the children's coverage and a 3.0% load was applied to all healthcare liabilities and projections to reflect the contingency of spouses over age 65 remaining on the retiree's plan until the retiree turns 65.

**Comment F:** Projections presented in this report will differ from those provided in the Trend Report dated September 27, 2024 due to:

- Age-based projection methodology used in this report versus non age-based projections used in the Trend Report;
- Data variances;
- Projected cash flows in this report are net of retiree contributions; and
- The valuation year starts July 1<sup>st</sup> while the rating year (for Trend Report purposes) starts January 1<sup>st</sup>.



## Comments

**Comment G:** 100% of future eligible RHSA retirees were assumed to participate in the City of Grand Rapids Retiree Health Care Plan. The ADC for the RHSA was provided for GASB reporting purposes. The City of Grand Rapids decides whether to pre-fund the RHSA portion of the ADC, if at all. RHSA balances have not been used to offset benefits for future Duty Disability Retirements.

**Comment H:** The GASB issued Statement Nos. 74 and 75 for OPEB valuations, with which the City has complied (please see the report dated September 13, 2024). The basis for the June 30, 2024 GASB Statement No. 74 and GASB Statement No. 75 information will be this valuation (as of June 30, 2024), where roll-forward techniques will be applied.

**Comment I:** The calculations within this report have been performed incorporating \$40,481,360 in retiree health valuation (or “smoothed”) assets. We understand from the plan sponsor that market value assets totaling \$41,014,140 reside in a qualifying trust.

**Comment J:** Unless otherwise indicated, a funded status measurement presented in this report is based upon the actuarial accrued liability and the actuarial value of assets. Unless otherwise indicated, with regards to any funded status measurements presented in this report:

- The measurement is inappropriate for assessing the sufficiency of plan assets to cover the estimated cost of settling the plan’s benefit obligations;
- A funded status measurement in this report of 100% is not synonymous with no required future contributions. If the funded status were 100%, the Plan would still require future normal cost contributions (i.e., contributions to cover the cost of the active membership accruing an additional year of service credit); and
- The measure is inappropriate for assessing the need for or the amount of future employer contributions.

**Comment K:** Michigan Public Act 202 of 2017 created new reporting and other requirements for local units of government. The information needed to satisfy PA 202 reporting requirements was supplied in the GASB Statement Nos. 74 and 75 report issued September 13, 2024. Under Sec. 4(1)(d) of the Act, local units of government are required to have a peer actuarial audit conducted by an actuary that is not the plan actuary or replace the plan actuary at least every eight years. Given the implementation date of Public Act 202, it is our understanding that the audit requirement must be met prior to January 1, 2026. GRS can work with Staff to ensure compliance.

## **SECTION B**

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### **RETIREE PREMIUM RATE DEVELOPMENT**

# Retiree Premium Rate Development

The initial per capita health care costs are an important part of a retiree health valuation. The per capita health care costs used in this valuation are based on an analysis performed in connection with the 2025 Trend Report prepared for the City dated September 27, 2024. The following process is used to determine per capita health costs for the valuation from the results provided in the Trend Report:

- The pre-65 retiree only “2025 Calculated Premium Rates” developed on page 21 of the 2025 Trend Report serve as the basis of pre-65 per capita costs used in the valuation. The per-contract rates are converted to per member rates and then converted to age-graded rates.
- The 2025 overall blended (pre-65 retiree and active composite rate) implemented rates (page 22 of the Trend Report) serve as the basis for pre-65 retiree contributions.
- The post-65 retirees pay 100% of the true cost developed on page 22 (2025 Implemented Premium Rates).

Please see the 2025 Trend Report for other important details regarding the rate setting process. A general description of the process follows.

## Background

Eligible City retirees (and eligible spouses) receive benefits from the self-insured plan. For Non-Medicare retirees, there is one medical benefit option, with the Rx benefit options limited by date of retirement. Any prior Non-Medicare Rx benefit differences will phase out and Non-Medicare retirees benefit levels will float with that of the actives. For Medicare retirees, there is a choice of four options with the same medical benefits but differing drug copays.

## Rate Development

For the self-insured medical plans and prescription drugs plans, initial per capita costs were developed separately for pre-65 and post-65 retirees using claims experience from July 2022 to June 2024 supplied by Advantage Benefits Group in conjunction with exposure data for the retired members of the health care program. These claims were projected on an incurred claim basis, adjusted for plan design changes, and loaded for administrative expenses.

The initial medical and drug premium rates used in the valuation are a weighted average cost of the 2-year experience period to smooth out any large year to year fluctuations.

Age-graded and sex-distinct per capita costs are utilized by this valuation. The initial costs developed are appropriate for the unique age and sex distribution currently existing. Over the future years covered by this valuation, the age and sex distribution will most likely change. Therefore, our process “distributes” the average premium over all age/sex combinations and assigns a unique premium for each combination. This process more accurately reflects health care costs in the retired population over the projection period.



## Retiree Premium Rate Development

The table below shows the combined medical and prescription drug one-person monthly per capita costs at select ages.

Current and Future Retirees				
For Those Not Eligible for Medicare				
Age		Male		Female
45	\$	539.67	\$	744.82
50		702.71		865.67
55		924.69		1,009.63
60		1,194.29		1,175.96

The dental and vision per capita costs used in this valuation of the plan were not “age graded” since these claims do not vary significantly by age. The monthly dental per capita cost used in this valuation is \$52.66 for single coverage and \$102.68 for two-person or family coverage per month. The monthly vision per capita cost used in this valuation is \$31.78 for single coverage and \$61.98 for two-person or family coverage per month.

# Retiree Premium Rate Development

## Health Care Cost Trend Assumption

The health care cost trend rate is the rate of change in per capita health care claims over time as a result of factors such as medical inflation, utilization of health care services, plan design, and technological improvements. It is a crucial economic assumption that is required for measuring retiree health care benefit obligations.

Retiree health care valuations use a health care cost trend assumption (trend vector) that changes over the years. The trend vector used in this valuation begins with a near-term trend assumption and declines over a time to an ultimate trend rate. The near-term rates reflect the increases in the current cost of health care goods and services. The process of trending down to a lower ultimate trend relies on the theory that premiums will moderate over the long term; otherwise, the healthcare sector would eventually consume the entire GDP. It is on this basis that we project premium rate increases will continue to exceed wage inflation for the next 15 years, but by less each year, until leveling off at an ultimate rate (assumed to be 3.50% in this valuation).

While experience is often the best starting point for future costs, GRS does not rely on a group's experience in setting the near-term trend assumptions since trends vary significantly from year to year and are not credible for most groups. Therefore, professional judgment, trends from GRS' book of business, and industry benchmarks (e.g., trend reports from various Pharmacy Benefit Management (PBM) organizations and national healthcare benefit consulting firms) are used in conjunction with a group's historical experience to establish the trend assumptions.

**Health care trend rates** used in the valuation were as shown below:

Year	Medical and Prescription Drugs	Dental	Vision
2025	7.25 %	3.50 %	3.50 %
2026	7.00	3.50	3.50
2027	6.75	3.50	3.50
2028	6.50	3.50	3.50
2029	6.25	3.50	3.50
2030	6.00	3.50	3.50
2031	5.75	3.50	3.50
2032	5.50	3.50	3.50
2033	5.00	3.50	3.50
2034	4.75	3.50	3.50
2035	4.50	3.50	3.50
2036	4.25	3.50	3.50
2037	4.00	3.50	3.50
2038	3.75	3.50	3.50
2039 & Later	3.50	3.50	3.50



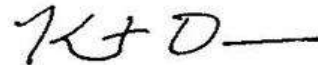
# Retiree Premium Rate Development

## Actuarial Disclosures

The premium rates used in this valuation were developed using the proprietary Excel models which, in Kurt Dosson's professional judgment, provide the initial projected costs which are consistent with the purposes of the valuation. We performed test to ensure that the models, in their entirety, reasonably represent that which is intended to be modeled.

Aging factors used in the premium development models were developed based on the information and data from a 2013 study commissioned by the Society of Actuaries entitled "Health Care Costs – From Birth to Death."

Kurt Dosson is a Member of the American Academy of Actuaries (MAAA) and meets the Qualification Standards of the American Academy of Actuaries to certify the per capita retiree health care rates shown above.



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Kurt Dosson, ASA, FCA, MAAA

## SECTION C

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### SUMMARY OF BENEFIT PROVISIONS AND VALUATION DATA

# City of Grand Rapids Police Retiree Health Care Plan

## Defined Benefit Health Care

### Summary of Benefits as of June 30, 2024

**Plan Participants**

Police Officers, Sergeants, and Command Officers of the City of Grand Rapids Retiree Health Care Plan are eligible to receive retiree health care benefits. **The City covers up to 100% of retiree health care coverage up to age 65.**

**Benefit Amount**

Defined Benefit Retiree Health covers up to 100% of retiree health care coverage up to age 65 based on an accrual schedule. As of 12/17/2008 for Police Officers and Sergeants and as of 9/15/2009 for Police Command, future retirees will pay a minimum of 20% of BLENDED active/pre-65 retiree cost per contract. This is applied before the accrual schedule shown below. Active employees with less than 10 years are no longer eligible for the Defined Benefit plan.

**Retiree Health Care Blended Composite Premium Sharing**

Years Months		All GRPOA				GRCOA Retiring before June 30, 2013			
		GRCOA Retiring after June 30, 2013				GRCOA Retiring before June 30, 2013			
		Contract City%	City Maximum	Blended City%	Premium EE%	Contract City%	City Maximum	Blended City%	Premium EE%
10	120	40%	80%	32.0%	68.0%	55%	80%	44.0%	56.0%
11	132	44%	80%	35.2%	64.8%	58%	80%	46.4%	53.6%
12	144	48%	80%	38.4%	61.6%	61%	80%	48.8%	51.2%
13	156	52%	80%	41.6%	58.4%	64%	80%	51.2%	48.8%
14	168	56%	80%	44.8%	55.2%	67%	80%	53.6%	46.4%
15	180	60%	80%	48.0%	52.0%	70%	80%	56.0%	44.0%
16	192	64%	80%	51.2%	48.8%	73%	80%	58.4%	41.6%
17	204	68%	80%	54.4%	45.6%	76%	80%	60.8%	39.2%
18	216	72%	80%	57.6%	42.4%	79%	80%	63.2%	36.8%
19	228	76%	80%	60.8%	39.2%	82%	80%	65.6%	34.4%
20	240	80%	80%	64.0%	36.0%	85%	80%	68.0%	32.0%
21	252	84%	80%	67.2%	32.8%	88%	80%	70.4%	29.6%
22	264	88%	80%	70.4%	29.6%	91%	80%	72.8%	27.2%
23	276	92%	80%	73.6%	26.4%	94%	80%	75.2%	24.8%
24	288	96%	80%	76.8%	23.2%	97%	80%	77.6%	22.4%
25	300	100%	80%	80.0%	20.0%	100%	80%	80.0%	20.0%
Disability Retirement		100%	80%	80.0%	20.0%	100%	80%	80.0%	20.0%



# City of Grand Rapids Police Retiree Health Care Plan

## Defined Benefit Health Care

### Summary of Benefits as of June 30, 2024

#### **Normal Retirement Eligibility**

Age 50 with 10 years.

#### **Deferred Retirement Benefits**

Deferred retiree health care is available to terminated Police Officers and Sergeants with 10 or more years of service. Deferred benefits begin at age 50.

#### **Duty/Non-Duty Death-in-Service Retirement Benefits**

Deceased member must be eligible for retirement at death. Surviving spouse pays any accrual and applicable premium sharing amount until such time as the covered person would have reached age 65.

#### **Duty/Non-Duty Disabled Retirement Benefits**

No age or service requirement. Benefits commence immediately for qualified disabled member.

#### **Benefits for Spouses of Retired Employees**

Spouses of retired employees are eligible to receive health care benefits as long as the retiree is eligible. Coverage continues to surviving spouses of deceased retirees until the earlier of when retiree would have reached age 65 or when the spouse reaches age 65.

#### **Medicare-Eligible Provisions**

Retirees are required to enroll in Medicare once eligible. Retiree is responsible for paying the full premium for retiree Medicare coverage offered through the City.

#### **Dental/Vision Coverage**

Same as Retiree Health Care Eligibility Conditions.

#### **Life Insurance Coverage**

The City does not provide life insurance for retirees.

#### **Opt-Out**

The City does not provide Opt-Out payments or payment in lieu of retiree health care coverage for retirees.

#### **Other Employment and Compensation**

A retiree, spouse or other dependent who has coverage from an employer who provides medical coverage should coordinate benefits, making the City's coverage secondary.

*This is a brief summary of the City of Grand Rapids Retiree Health Care Plan provisions. In the event that any description contained herein differs from the actual eligibility or benefit, the appropriate employee contract or governing document will prevail.*



# City of Grand Rapids Police Retiree Health Care Plan

## RHSA Members

### Summary of Benefits as of June 30, 2024

#### ***Plan Participants***

Police Officers, Sergeants, and Command Officers of the City of Grand Rapids Retiree Health Care Plan are eligible to purchase retiree health care benefits until Medicare eligible.

#### ***Benefit Amount***

Defined Contribution RHSA members can purchase retiree health care coverage through the City by paying the full blended (active/pre-65 retiree) premium. For Duty Death-in-Service retirements and Duty Disability retirements, after RHSA is exhausted, the City will resume paying the premiums less any applicable premium sharing amount until such time as the covered person would have reached age 65.

#### ***Normal Retirement Eligibility***

Age 50 with 10 years.

#### ***Deferred Retirement Benefits***

Deferred retiree health care is available to terminated Police Officers and Sergeants with 10 or more years of service. Deferred benefits begin at age 50. RHSA Police Officers and Sergeant members can purchase retiree health care coverage through the City by paying the defined benefit accrual amount and employee cost share of blended (active/pre-65 retiree) premium.

Retiree health care is not available to deferred Police Command retirees whose coverage ceases during deferral period. RHSA Police Command members can purchase retiree health care coverage through the City by paying the full blended (active/pre-65 retiree) premium.

#### ***Duty Death-in-Service Retirement Benefits***

Deceased member must be eligible for retirement at death. Surviving spouse benefits are immediate. Premiums shall be first paid to the City from funds in the employee's RHSA account if the surviving spouse and/or eligible dependents wish to continue to receive retiree health care. When RHSA is exhausted, the City shall resume paying the premiums, less any applicable premium sharing amount until such time as the covered person would have reached age 65.

#### ***Non-Duty Death-in-Service Retirement Benefits***

No age or service requirement for Duty Death-in-Service. Benefits are immediate.

#### ***Duty Disabled Retirement Benefits***

No age or service requirement. Benefits commence immediately for qualified disabled member. Premiums shall be first paid to the City from funds in the employee's RHSA account if the surviving spouse and/or eligible dependents wish to continue to receive retiree health care. When RHSA is exhausted, the City shall resume paying the premiums, less any applicable premium sharing amount until such time as the covered person would have reached age 65.

#### ***Non-Duty Disabled Retirement Benefits***

No age or service requirement. Benefits commence immediately for qualified disabled member.



# City of Grand Rapids Police Retiree Health Care Plan

## RHSA Members

### Summary of Benefits as of June 30, 2024

#### ***Benefits for Spouses of Retired Employees***

Spouses of retired employees are eligible to receive health care benefits as long as the retiree is eligible. Coverage continues to surviving spouses of deceased retirees until the earlier of when retiree would have reached age 65 or when the spouse reaches age 65.

#### ***Medicare-Eligible Provisions***

Retirees are required to enroll in Medicare once eligible. Retiree is responsible for paying the full premium for retiree Medicare coverage offered through the City.

#### ***Dental/Vision Coverage***

Same as Retiree Health Care Eligibility Conditions.

#### ***Life Insurance Coverage***

The City does not provide life insurance for retirees.

#### ***Opt-Out***

The City does not provide Opt-Out payments or payment in lieu of retiree health care coverage for retirees.

#### ***Other Employment and Compensation***

A retiree, spouse or other dependent who has coverage from an employer who provides medical coverage should coordinate benefits, making the City's coverage secondary.

*This is a brief summary of the City of Grand Rapids Retiree Health Care Plan provisions. In the event that any description contained herein differs from the actual eligibility or benefit, the appropriate employee contract or governing document will prevail.*



## City of Grand Rapids Police Active Member Demographic Data as of June 30, 2024

Age	Years of Service to Valuation Date							Total No.
	0-4	5-9	10-14	15-19	20-24	25-29	30 Plus	
20-24	24	1						25
25-29	28	16						44
30-34	24	39	5					68
35-39	8	18	10	1				37
40-44	2	7	5	10	2			26
45-49	3	1	2	9	25	7		47
50-54	2				5	21	2	30
55-59	2			1	3	7	2	15
60-64								
65 & Over								
<b>Totals</b>	<b>93</b>	<b>82</b>	<b>22</b>	<b>21</b>	<b>35</b>	<b>35</b>	<b>4</b>	<b>292</b>

The active member counts above include current active employees who participate in the City's defined contribution plan and are eligible to purchase retiree health benefits through the City.

While not used in the financial computations, the following group averages are computed and shown because of their general interest.

	<u>DB</u>	<u>RHSA</u>	<u>Total</u>
<b>Count:</b>	<b>39</b>	<b>253</b>	<b>292</b>
<b>Age (Years):</b>	51.9	35.5	37.7
<b>Service (Years):</b>	28.0	8.8	11.4



# City of Grand Rapids Police Retired and Deferred Member Demographic Data as of June 30, 2024

## Defined Benefit Police Retirees

Age	Number of Retirees		
	Male	Female	Total
Under 55	40	8	48
55-59	47	5	52
60-64	29	13	42
65 & Over	2	2	4
<b>Totals</b>	<b>118</b>	<b>28</b>	<b>146</b>

The above exhibit includes only defined benefit retirees receiving health care benefits from the City. In addition, there are six RHSA retirees purchasing health care through the City and one RHSA retiree receiving health care partially paid for by the City.

## Police Vested Deferred

Age	Number of Deferred Members		
	Male	Female	Total
Under 40	0	0	0
40-44	1	0	1
45-49	6	3	9
50 & Over	2	0	2
<b>Totals</b>	<b>9</b>	<b>3</b>	<b>12</b>

Only retirees and vested deferred members valued in this report are shown in the exhibits above.

# City of Grand Rapids – Police Other Postemployment Benefits Reported Financial Information (Market Value)

	<b>June 30, 2024</b>
<b>Additions</b>	
Contributions	
Employer	\$ 109,568
Federal Grants	-
Nonemployer Contributing Entities	-
Active Employees	-
Other	-
<b>Total Contributions</b>	<b>\$ 109,568</b>
Investment Income	
Net Appreciation in Fair Value of Investments	\$ 2,578,745
Interest and Dividends	1,146,868
Less Investment Expense	-
<b>Net Investment Income</b>	<b>\$ 3,725,613</b>
Other	-
<b>Total Additions</b>	<b>\$ 3,835,181</b>
<b>Deductions</b>	
Benefit payments, including refunds of employee contributions*	\$ 2,783,080
OPEB Plan Administrative Expense	205,279
Other^	1
<b>Total Deductions</b>	<b>\$ 2,988,360</b>
<b>Net Increase in Net Position</b>	<b>\$ 846,821</b>
<b>Market Value of Assets for OPEB</b>	
Beginning of Year (July 1, 2023)	\$ 40,167,319
End of Year (June 30, 2024)	<b>\$ 41,014,140</b>

\* Benefit payments exclude \$718,181 in retiree contributions.

^ Equals the difference between the reported End of Year Net Position reported for the June 30, 2023 GASB Statement Nos. 74 and 75 valuation and the Beginning of Year Net Position reported for the June 30, 2024 GASB Statement Nos. 74 and 75 valuation.



## City of Grand Rapids – Police Other Postemployment Benefits Development of Valuation Assets

Year Ended June 30	2023	2024	2025	2026	2027	2028
A. Funding Value Beginning of Year	\$41,648,771	\$40,901,041				
B. Market Value End of Year	40,167,319	41,014,140				
C. Market Value Beginning of Year	40,327,438	40,167,319				
D. Non-Investment Net Cash Flow	(2,893,359)	(2,878,792)				
E. Investment Income						
E1. Market Total: B - C - D	2,733,240	3,725,613				
E2. Assumed Rate of Investment Return	5.00%	5.00%				
E3. Amount for Immediate Recognition	2,010,105	1,973,082				
E4. Amount for Phased-In Recognition: E1 - E3	723,135	1,752,531				
F. Phased-In Recognition of Investment Income						
F1. Current Year: (1/5) x E4	144,627	350,506				
F2. First Prior Year	(1,473,044)	144,627	\$ 350,506			
F3. Second Prior Year	1,642,960	(1,473,044)	144,627	\$ 350,506		
F4. Third Prior Year	(179,019)	1,642,960	(1,473,044)	144,627	\$ 350,506	
F5. Fourth Prior Year	0	(179,020)	1,642,962	(1,473,044)	144,627	\$ 350,507
F6. Total Recognized Investment Gain	135,524	486,029	665,051	(977,911)	495,133	350,507
G. Funding Value End of Year A + D + E3 + F6	40,901,041	40,481,360				
H. Difference between Market & Funding Value	(733,722)	532,780				
I. Recognized Rate of Return	5.34 %	6.23 %				
J. Market Rate of Return	7.03 %	9.62 %				
K. Ratio of Funding Value to Market Value	101.83 %	98.70 %				

In the year of implementation, the Beginning of Year Funding Value of Assets is set equal to the Beginning of Year Market Value of Assets. The Funding Value of Assets recognizes assumed investment return (line E3) fully each year. Differences between actual and assumed investment return (line E4) are phased-in over a closed 5-year period. During periods when investment performance exceeds the assumed rate, Funding Value of Assets will tend to be less than Market Value. During periods when investment performance is less than the assumed rate, Funding Value of Assets will tend to be greater than Market Value. The Funding Value of Assets is unbiased with respect to Market Value. If assumed rates are exactly realized for 4 consecutive years, it will become equal to Market Value.



## SECTION D

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### ACTUARIAL COST METHOD AND ACTUARIAL ASSUMPTIONS

## Valuation Methods

**Actuarial Cost Method.** Normal cost and the allocation of benefit values between service rendered before and after the valuation date was determined using an **Individual Entry-Age Normal Actuarial Cost Method** having the following characteristics:

- (i) The annual normal cost for each individual active member, payable from the date of employment to the date of retirement, is sufficient to accumulate the value of the member's benefit at the time of retirement; and
- (ii) Each annual normal cost is a constant percentage of the member's year-by-year projected covered pay.

Actuarial gains (losses), as they occur, reduce (increase) the Unfunded Actuarial Accrued Liability.

**Financing of Unfunded Actuarial Accrued Liabilities.** Unfunded Actuarial Accrued Liabilities (UAAL) were amortized on a level dollar basis. The UAAL were determined using the funding value of assets and actuarial accrued liability calculated as of the valuation date. The UAAL amortization payment is the amount required to fully amortize the UAAL over a 14-year period. This UAAL payment reflects payments expected to be made between the valuation date and the fiscal year for which the contributions in this report have been calculated. **The 14-year amortization factor used is 10.1441.**

**Actuarial Value of Assets.** Last year's valuation assets are increased by contributions, expected investment income on last year's valuation assets and non-investment net cash flow, and reduced by refunds, benefit payments and expenses. To this amount is added the phased-in recognition of investment income. The phased-in recognition is the sum over the five years ending on the valuation date of 20% of the difference between each year's expected return and actual market return.

## Actuarial Assumptions

The rationale for the retirement rates, rates of merit and seniority salary increases, rates of separation from active membership, and disability rates used in this valuation is included in the 5-year experience study for the period January 1, 2015 through December 31, 2019 issued July 27, 2020. All assumptions are expectations of future experience, not market measures.

**Rate of Investment Return** used in the valuation was 5.0% per year, compounded annually, net of expenses. This assumption is used to equate the value of payments due at different points in time.

The total number of active defined benefit retiree health care participants is expected to decline in the future.

**The rates of Price Inflation** are not specifically used for this valuation. However, a **rate of price inflation of 2.25%** would be consistent with other assumptions in this report.

**The rates of salary increase** used for individual members are in accordance with the following table. The assumption is used to project a member's current salary to the salaries upon which future contributions will be based.

Service at Beginning of Year	% Increase in Salary		
	Merit & Seniority	Base (Economic)	Increase Next Year
1	17.00 %	3.00 %	20.00 %
2	7.00	3.00	10.00
3	6.00	3.00	9.00
4	5.00	3.00	8.00
5	4.00	3.00	7.00
6 & Beyond	1.00	3.00	4.00

## Actuarial Assumptions (Continued)

### *The mortality tables*

- **Healthy Pre-Retirement:** The Pub-2010 Amount-Weighted, Safety, Employee, Male and Female tables, a base year of 2010 and future mortality improvements projected using scale MP-2019.
- **Healthy Post-Retirement:** The Pub-2010 Amount-Weighted, Safety, Healthy Retiree, Male and Female tables, with a base year of 2010 and future mortality improvements projected using scale MP-2019.
- **Disability Retirement:** The Pub-2010 Amount-Weighted, Safety, Disabled Retiree, Male and Female tables, with a base year of 2010 and future mortality improvements projected using scale MP-2019.

Sample Age Now	Pre-Retirement Future Life		Healthy Post-Retirement Future Life		Disabled Retirement Future Life	
	Expectancy (Years)*		Expectancy (Years)*		Expectancy (Years)*	
	Men	Women	Men	Women	Men	Women
50	39.03	41.53	35.94	37.94	34.49	36.60
55	33.90	36.38	30.86	32.82	29.62	31.73
60	28.86	31.28	25.96	27.90	24.93	27.11
65	23.93	26.23	21.32	23.22	20.54	22.75
70	19.16	21.25	16.99	18.80	16.46	18.59
75	14.63	16.45	13.03	14.69	12.70	14.66
80	10.39	11.93	9.57	11.05	9.45	11.05

\* Based on retirements in 2024. Retirements in future years will reflect improvements in life expectancy.

These rates were first used for the June 30, 2020 valuation.

## Actuarial Assumptions (Continued)

*The rates of normal retirement* used to measure the probability of eligible members retiring under normal retirement conditions during the next year, were as follows. These rates were first used for the June 30, 2020 valuation.

Retirement	Percent of Eligible Active Members
Ages	Retiring within Next Year
Ages	Police
50	30 %
51	30
52	30
53	30
54	30
55	35
56	35
57	35
58	35
59	35
60	50
61	60
62	70
63	80
64	90
65	100

A member is eligible for pension retirement after attaining age 50 and completing 10 or more years of service. Prior to the above eligibility, members who are eligible for early reduced retirement are assumed to elect this option at a 3% rate per year until eligible for normal retirement.

## Actuarial Assumptions (Concluded)

**Rates of separation from active membership** are used to estimate the number of employees at each age that are expected to terminate employment before qualifying for retirement benefits. The withdrawal rates do not apply to members eligible to retire, and do not include separation on account of death or disability.

Sample rates of separation from active employment are shown below. These rates were first used for the June 30, 2020 valuation.

Police	
Sample Ages	% of Active Members Separating within Next Year
25	3.45 %
30	2.85
35	1.95
40	1.35
45	1.05
50	0.90
55	0.90

**Rates of disability** among active members are used to estimate the incidence of member disability in future years. 75% of disabilities were assumed to be duty related and 25% of disabilities are assumed to be non-duty related.

Sample Ages	Percent Becoming Disabled within Next Year
20	0.12 %
25	0.12
30	0.12
35	0.27
40	0.59
45	1.05
50	1.68
55	2.51

## Miscellaneous and Technical Assumptions

<b>Decrement Operation:</b>	Disability and mortality decrements do not operate during the first five years of service. Disability also does not operate during retirement eligibility.
<b>Decrement Timing:</b>	Decrements of all types are assumed to occur mid-year.
<b>Eligibility Testing:</b>	Eligibility for benefits is determined based upon the age nearest birthday and service nearest whole year on the date the decrement is assumed to occur.
<b>Marriage Assumption:</b>	90% of Police males and females are assumed to be married for purposes of death-in-service benefits. Male spouses are assumed to be three years older than female spouses for active member valuation purposes.
<b>Medicare Coverage:</b>	Assumed to be available for all covered employees on attainment of age 65.
<b>Loads:</b>	A 4.0% load was applied for children's coverage and a 3.0% load was applied for spouse post-65 coverage while the member is pre-65.
<b>Election Percentage:</b>	(Police) It was assumed that 100% of retirees would choose to receive retiree health care benefits through the City. Of those assumed to elect coverage, 75% of retirees were assumed to elect two-person coverage, if eligible. For those that elect two-person coverage, it was assumed that coverage would continue to the spouse upon death of the retiree 100% of the time, if eligible. A load of 75% was applied to deferred member liabilities to reflect future election rates.
<b>Retiree Opt-Outs:</b>	Retirees and spouses who have opted-out of coverage are assumed to not re-enroll.
<b>Patient Protection and Affordable Care Act:</b>	In general, changes related to the Patient Protection and Affordable Care Act are reflected to the extent that they are already implemented in the Plan and future changes will be reflected as they become effective. Per the City, no load was applied to the valuation results in anticipation of future cost increases resulting from this Act.
<b>Deferred and Retired Members:</b>	With the exception of seven RHSA retirees, all retired members valued in this valuation were assumed to be part of the Defined Benefit plan. Current deferred members not electing to continue coverage through the deferral period are ineligible to participate in the Defined Benefit Retiree Health Care plan. Pension data as of December 31, 2023 was used as a proxy for deferred member OPEB data.

## SECTION E

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### **SUPPLEMENTARY INFORMATION**

**This information is presented in draft form for review by the Plan and/or City auditor. Please let us know if there are any items that the auditor changes so that we may maintain consistency with the Plan and/or City financial statements.**

## Supplementary Information

Valuation Date	June 30, 2024
Actuarial Cost Method	Individual Entry Age Normal Cost
Amortization Method	Level Dollar Closed
Remaining Amortization Periods	14 Years
Asset Valuation Method	5-Year Smoothed Value of Assets
Actuarial Assumptions:	
Discount Rate	5.0% Per Year
Projected Salary Increases Police	4.00% - 20.00%
Valuation Health Care Cost Trend Rate Medical and Drug Dental and Vision	7.25% in 2025 grading to 3.50% in 2039 3.50% in All Years

# Supplementary Information

## Schedule of Funding Progress

Actuarial Valuation Date June 30	Actuarial Value of Assets (a)	Actuarial Accrued Liability (AAL) (b)	Unfunded AAL (UAAL) (b)-(a)	Funded Ratio (a)/(b)
2015	\$ 19,770,732	\$ 57,552,601	\$ 37,781,869	34.4 %
2016	24,090,346	61,553,466	37,463,120	39.1
2017	28,821,618	62,311,143	33,489,525	46.3
2018	33,750,459	55,387,943	21,637,484	60.9
2019	36,571,540	44,108,727	7,537,187	82.9
2020	38,674,207	45,603,850	6,929,643	84.8
2021	41,009,181	39,070,262	(1,938,919)	105.0
2022	41,648,771	34,993,001	(6,655,770)	119.0
2023	40,901,041	35,300,731	(5,600,310)	115.9
2024	40,481,360	37,870,950	(2,610,410)	106.9

The above exhibit shows results for both the Defined Benefit group and the RHSA group combined.

## APPENDIX

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### GLOSSARY

# Glossary

**Accrued Service** - The service credited under the plan which was rendered before the date of the actuarial valuation.

**Actuarial Accrued Liability** - The difference between (i) the actuarial present value of future plan benefits, and (ii) the actuarial present value of future normal cost. Sometimes referred to as “accrued liability” or “past service liability.”

**Actuarial Assumptions** - Estimates of future plan experience with respect to rates of mortality, disability, turnover, retirement, rate or rates of investment income and salary increases. Decrement assumptions (rates of mortality, disability, turnover and retirement) are generally based on past experience, often modified for projected changes in conditions. Economic assumptions (salary increases and investment income) consist of an underlying rate in an inflation-free environment plus a provision for a long-term average rate of inflation.

**Actuarial Cost Method** - A mathematical budgeting procedure for allocating the dollar amount of the “actuarial present value of future plan benefits” between the actuarial present value of future normal cost and the actuarial accrued liability. Sometimes referred to as the “actuarial funding method.”

**Actuarial Equivalent** - A single amount or series of amounts of equal value to another single amount or series of amounts, computed on the basis of the rate(s) of interest and mortality tables used by the plan.

**Actuarial Present Value** - The amount of funds presently required to provide a payment or series of payments in the future. It is determined by discounting the future payments at a predetermined rate of interest, taking into account the probability of payment.

**Actuarially Determined Contribution (ADC)** - The ADC is the normal cost plus the portion of the unfunded actuarial accrued liability to be amortized in the current period. The ADC is an amount that is actuarially determined in accordance with the requirements so that, if paid on an ongoing basis, it would be expected to provide sufficient resources to fund both the normal cost for each year and the amortized unfunded liability.

**Amortization** - Paying off an interest-bearing liability by means of periodic payments of interest and principal, as opposed to paying it off with a lump sum payment.

**Governmental Accounting Standards Board (GASB)** - GASB is the private, nonpartisan, nonprofit organization that works to create and improve the rules U.S. state and local governments follow when accounting for their finances and reporting them to the public.

**Medical Trend Rate (Health Care Inflation)** - The increase in the cost of providing health care benefits over time. Trend includes such elements as pure price inflation, changes in utilization, advances in medical technology, and cost shifting.

**Normal Cost** - The annual cost assigned, under the actuarial funding method, to current and subsequent plan years. Sometimes referred to as “current service cost.” Any payment toward the unfunded actuarial accrued liability is not part of the normal cost.



## Glossary (Concluded)

**Other Postemployment Employee Benefits (OPEB)** - OPEB are postemployment benefits other than pensions. OPEB generally takes the form of health insurance and dental, vision, prescription drugs or other health care benefits.

**Reserve Account** - An account used to indicate that funds have been set aside for a specific purpose and is not generally available for other uses.

**Unfunded Actuarial Accrued Liability** - The difference between the actuarial accrued liability and valuation assets. Sometimes referred to as “unfunded accrued liability.”

**Valuation Assets** - The value of current plan assets recognized for valuation purposes.