

Southeastern Actuaries Conference

BEING PART OF SOMETHING THAT COUNTS

Retiree Medical Trusts

June, 2024



Today's Discussion

1. What is a "Retiree Medical Trust"?

2. Why do they exist?

3. How does it work?

4. Actuarial Modeling of the Trust





What is a Retiree Medical Trust

a.k.a., Retiree Medical Reimbursement Plan





Retiree Medical Trust (RMT) What is it?

- * A trust established usually by an employee group
 - * e.g., firefighters union, hospital association
- Purpose of trust is for reimbursements to retirees for allowable medical expenses
- * Financed by employer and/or employee contributions specified in an agreement with the employee group
 - * Can also include value of unused sick leave
- * Generally invested similar to a pension trust, but usually more conservatively



Legal counsel is needed



Retiree Medical Trust Why?

- 1. Tax advantages
 - a. Contributions are pre-tax
 - b. Investment earnings are not taxed
 - c. Reimbursements received are also not taxable
- 2. Assists with medical care in retirement
- 3. Less risky than an employer sponsored retiree healthcare plan



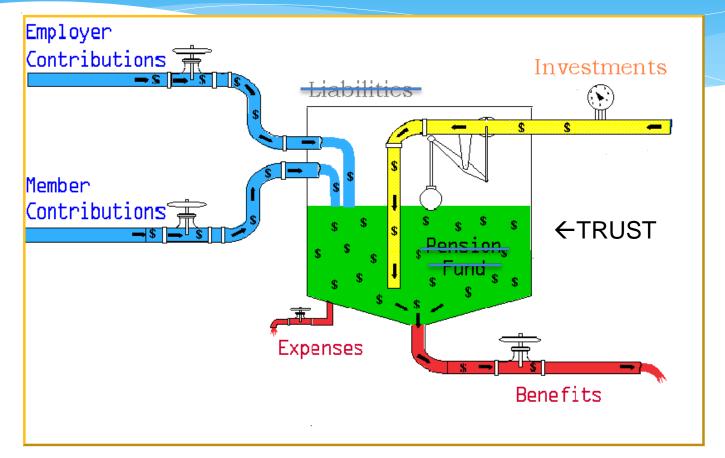


How Does it Work?





Operation of RMT





 $C + I = B_{7} + E_{7}$



RMT Funding/Benefits

- Instead of varying contributions such as a pension or traditional retiree healthcare plan, the fund is kept in balance with varying benefits
 - * Reimbursement level is set, then adjusted periodically (annually, every 3 years, etc.)
 - = Unit Benefit x service
 - * <u>Unit Benefit</u>: Maximum reimbursement per month, per year of service
 - * How is the level set?....



RMT Modeling





Modeling Basics

- * A cash-flow model is a best practice
- * No "rules" exist for establishing the model
- * However, no one wants the fund to run out of money!
- Parameters are generally selected collaboratively by actuary and trustees





Typical RMT Parameters

Discount rate/investment return Measurement Date Contribution rate/amount \geq Indexing of benefits (%/yr) \geq Indexing of contributions (%/yr) Death benefit provisions \geq Demographic assumptions (e.g., retirement rates) Utilization rates Benefit maximum





Modeling Options

* Present value (closed group)
 * PV (Contributions) = PV (Disbursements)
 * NOT a preferred method
* Depletion model (e.g., 100 years)
 * Project a \$0 balance in year x
* Projection Model...





Projection Model

 <u>Stable Solvency Ratio</u>: A ratio of plan assets to expected benefits (determined annually) of at least 8.0 that is projected to remain within a +/- 20% corridor for the last 20 years of the projection, without declining

* A 50- to 60-year model is ideal, because it covers most of the expected lifetimes for plan members





Projection Model

- Expected contributions, disbursements, and investment earnings are projected over the established time frame
 - * Affected by mortality, other demographic factors
- * Unit benefit is adjusted through iteration to produce the stable solvency ratio





Inputs

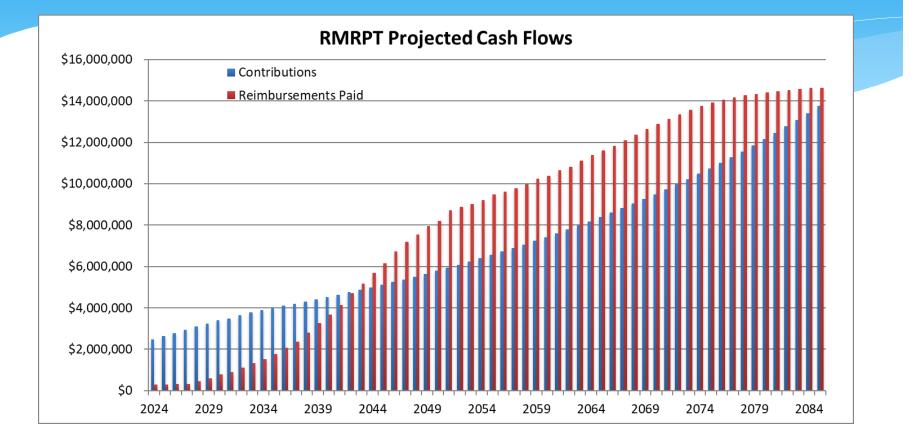
Invesment Return	5.00%
Death Ben Min	\$ 400
Expenses	10%
Contribution	\$173.92
Benefits Index	1.00%
Contrib Index	2.50%

Duty Disability Benefit	FALSE
Death Ben	TRUE
Max Accrual Years	20
Survivor Percent	52%
65+ Ben Percent	50%
Utilization	100%

Solve for Unit Benefit



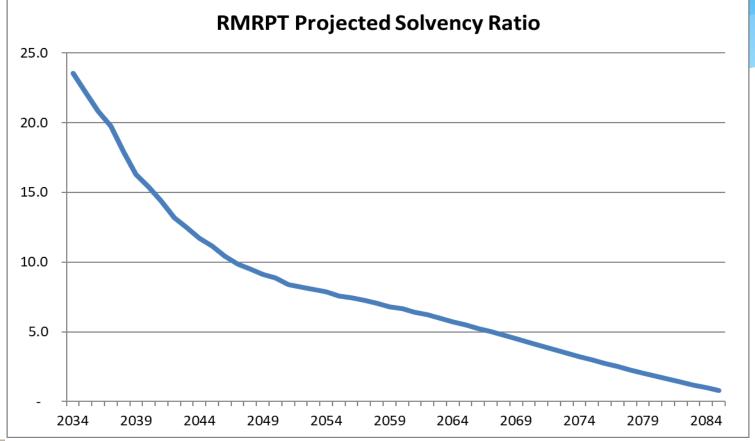








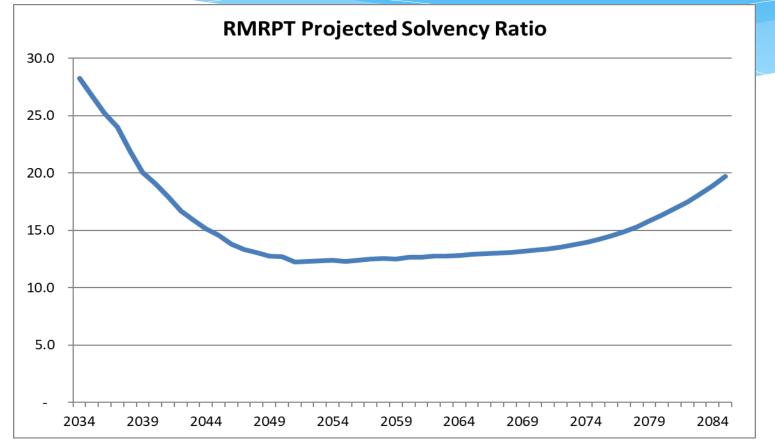
Unit Benefit Too High







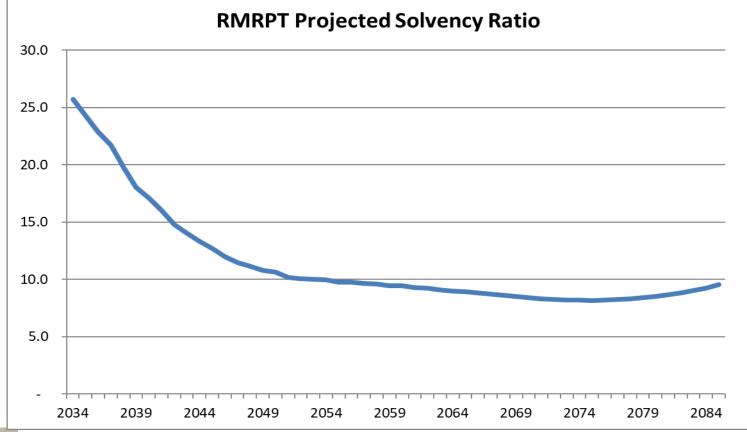
RMT Projection Example Unit Benefit Lower Than Needed







Stabilized







OTHER CONSIDERATIONS

* Closed groups
* Frequency of updates
* Changes in covered population
* New entrants







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