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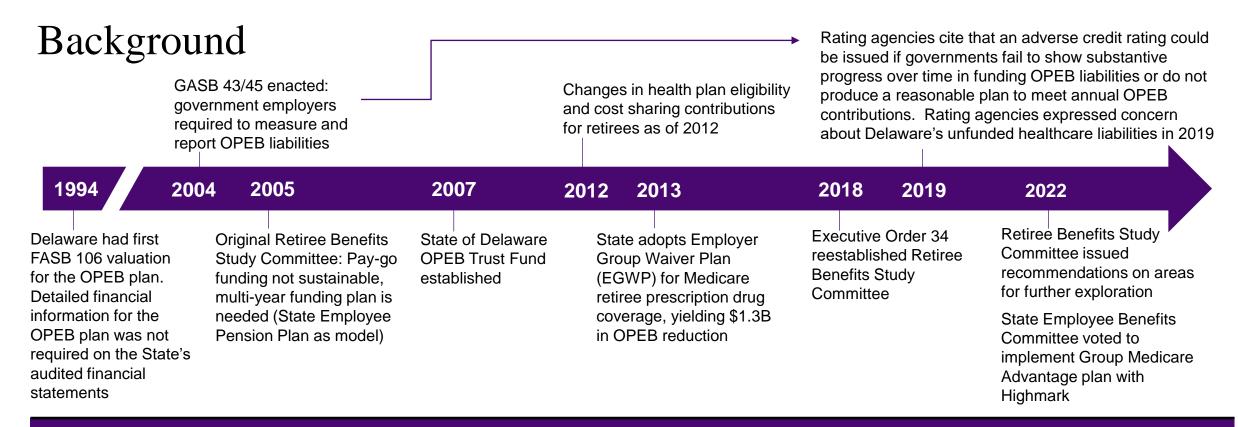
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## Other Post Employment Benefits (OPEB) 101

- Benefits paid by employer but received after employment ends; not part of pension plan
  - Healthcare (medical, dental, Rx, vision)
  - Life insurance
  - Disability
  - Group legal
  - Long-term care
- Not part of OPEB
  - Leave (vacation, sick leave, etc.)
  - COBRA (Statement 47)
  - Early Retirement Incentives (Statement 47)
  - Life insurance, disability, etc. that is part of pension plan
- Postretirement benefits are offered to attract and retain qualified employees
  - Therefore, entities should recognize costs while employees are active





#### **Current State**

- Unfunded OPEB Liability: \$8.4b as of 7/1/2022, projected to grow to \$20.7b as of 7/1/2042
- **OPEB Funding**: Currently the State has a funding policy which is an appropriation of 0.36% of payroll. As of 7/1/2022, OPEB assets were \$582 million
- **GHIP outlook**: Special Medicfill Medicare Supplement plan is self-funded (State pays claims and administrative fees) and is pooled with active and pre-65 retiree plans under Group Health Insurance Plan (GHIP). GHIP has experienced several consecutive years of budget surplus and therefore premium rates held flat; projected shortfall due to rising health care costs has necessitated rate action for non-Medicare plans in 7/1/2022 and 7/1/2023
- State benchmarking: 19 states (38%) offer choice between Medicare Supplement and Medicare Advantage plans, 16 (32%) offer Medicare Advantage only, 16 (32%) offer Medicare Supplement only and 5 states offer individual Health Reimbursement Account (HRA) to purchase coverage\*



<sup>\*</sup> Some states provide different offerings to retiree cohorts and are counted twice; see details presented in accompanying document

## Options to Reduce OPEB Liability

#### Spectrum of available options

#### **Benefit Caps Benefit** Marketplaces/ **Funding** and Account-**Full Exit** Changes **Exchanges Strategies** based Health • Freeze plan to new hires Set defined dollar benefits Eliminate group plans Reduce liability Eliminate benefits Reduce benefits offered (e.g., subsidy cap) and facilitate access to through funding for all retirees individual Medicare to retirees (increase Adopt account-based approach deductibles/copays, etc.) benefits (e.g., retiree marketplace Introduce alternative plan Health Reimbursement Provide Health types (Group Medicare Accounts) Reimbursement Advantage, etc.) Account subsidy Change retiree eligibility requirements Change spousal benefit eligibility



### Overview of Medicare

- Medicare includes the following components
  - Part A pays most of the cost of inpatient hospital stays
  - Part B covers a large portion (typically 80%) of the cost of outpatient services including doctor's office visits, diagnostic tests, x-ray and lab services
  - "Original Medicare" includes Part A and Part B
  - Part C Medicare Advantage combines Parts A, B and (typically) D with integrated hospital, physician and drug
    coverage in one plan, usually based on a local network (HMO, PPO) that is not available in all geographies
  - Part D covers prescription drugs (starting in 2006)
- Medigap is Medicare Supplement Insurance that helps fill "gaps" in Original Medicare
  - Retiree must also enroll in Medicare Part A and Part B and pay the monthly Part B premium
  - Medigap Plans A, B, D, G, K, L, M, and N have standardized plan designs and are available to all individuals newly
    eligible for Medicare
  - Medigap Plans C, High Deductible F, and F are only available to individuals eligible for Medicare prior to 1/1/2020
  - Medigap Plans F and G most closely match Delaware's Special Medicfill plan, which covers nearly 100% of the costs
    after Medicare
  - An employer cannot contract directly with individual plans available to Medicare retirees in the Individual Medicare
    Marketplace, but can provide a financial subsidy for Individual Marketplace plans through a Retiree Medical Savings
    Account (RMSA) or Health Reimbursement Account (HRA)

# Financial Reporting History



