

STATE OF WEST VIRGINIA



RETIREE HEALTH BENEFIT TRUST FUND

Fiscal Year 2024 Financial Report

Fiscal Years 2024-2029

Report Date: October 2024

YOUR ACTUARIES FOR THE LONG-TERM!



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Finance Board West Virginia Retiree Health Benefit Trust Fund 601 57th St., SE, Suite 2 Charleston, West Virginia 25304-2345

Ladies and Gentlemen:

I, Dave Bond, am a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, and the Managing Partner in the firm of Continuing Care Actuaries.

During the 2006 Regular Session of the West Virginia Legislature, House Bill 4654 was enacted creating the West Virginia Retiree Health Benefit Trust Fund ("Trust Fund" or "RHBT") for the purpose of providing for and administering retiree post-employment health care benefits, and the respective revenues and costs of those benefits as a cost sharing multiple employer plan. The Public Employees Insurance Agency ("PEIA"), on behalf of the Public Employees Insurance Agency Finance Board ("Board"), is responsible for the day-to-day operation of the Trust Fund, including all administrative functions.

Statutory provisions governing the Trust Fund require the actuary retained by the PEIA to provide technical advice regarding the operation of the Trust Fund. Using the actuarial assumptions most recently adopted by the Board, the actuary is required to develop actuarial valuations of normal cost, actuarial liability, actuarial value of assets, and related actuarial present values for the West Virginia plan for other post-employment benefits including health insurance. Consequently, the Board has requested Continuing Care Actuaries to prepare a report separating the actuarial projections for the Trust Fund from the PEIA forecast report. The West Virginia Retiree Health Benefit Trust Fund has assumed the financial liabilities of the retiree programs previously under the PEIA effective July 1, 2006.

The provisions of the Code of West Virginia ("Code"), 1931, as amended, charge the Board with the responsibility to prepare a proposed financial plan designed to generate revenues sufficient to meet all estimated program and administrative costs of the RHBT, including incurred but unreported claims, for the fiscal year for which the plan is proposed. Continuing Care Actuaries has been retained by the RHBT to review the proposed financial plan, and as supported by our work, to render an actuarial opinion stating whether the plan may be reasonably expected to generate sufficient revenues to meet estimated insurance program and administrative costs of the plan through FY 2029. Our analysis is developed on an accrued and incurred reporting basis for a projection period of five years as required by the Code.

The Code provisions also require the Board to establish and maintain a reserve fund for PEIA for the purposes of offsetting unanticipated claim losses in any fiscal year. Beginning with the fiscal year 2002 plan and for each succeeding fiscal year plan, the Board shall transfer ten percent of the projected total plan costs for that year into the reserve fund, which is to be certified by the actuary and included in the final, approved financial plan submitted to the Governor and Legislature in accordance with the provisions of the Code. On March 9, 2019, the provisions had effectively ended.

Continuing Care Actuaries has provided financial report for fiscal year ending June 30, 2024 ("FY 2024"), June 30, 2025 ("FY 2025"), June 30, 2026 ("FY 2026"), June 30, 2027 ("FY 2027"), June 30, 2028 ("FY 2028") and June 30, 2029 ("FY 2029"). Our opinion of plan adequacy is based on the projections through FY 2028 using updated future revenue and plan modifications provided by the Board in the plan adopted in December 2023.

Effective July 1, 2012, RHBT has contracted with Humana to provide a Medicare Advantage Plan ("Humana MAPD") benefit to Medicare-eligible retired employees and their Medicare-eligible dependents. Under this arrangement, Humana has assumed the financial risk of providing comprehensive medical and drug coverage with limited copayments. Non-Medicare retirees will continue enrollment in PEIA's Preferred Provider Benefit or the Managed Care Option.

Current Medicare coverages are transferred from a self-insured secondary basis by RHBT to the Humana MAPD plan. However, it should be noted that new Medicare eligible retirees, who become Medicare eligible during the calendar year, will be covered on a secondary basis by the PPB Plan until the beginning of the next calendar year.

In reviewing the plan, Continuing Care Actuaries utilized information concerning the plan's prior experience, covered individuals, plan revenues, plan benefits, plan administrative costs, and other expenses. This information was developed and provided by RHBT, the plan's third party administrators and other sources. In our review, we completely relied on the accuracy of this information and did not perform any due diligence on the information. The enclosed forecasts include anticipated changes from the federal statute Patient Protection and Affordable Care Act ("PPACA") signed into law on March 23, 2010. Additional details of the benefit enhancements and costs can be found later in this report. In addition, it is noteworthy that some current RHBT members have become eligible for the West Virginia Children Health Insurance Plan effective in fiscal year 2016.

In FY 2024 the Pay-Go is equivalent to \$0 per retiree per month. In future years, the Pay Go premium may increase by a maximum of 3% per retiree per year, indexed to the initial fixed subsidy determined in FY 2013. The new Pay-Go premium formula is based on the financial plan approved by the Financial Board in December 2023.

Under Senate Bill 419 amended West Virginia code section 11-21-96, effective February 26, 2016, notwithstanding any other provision of this code to the contrary, beginning in January of 2006, \$45 million from collections of the tax imposed by this article shall be deposited each calendar year to the credit of the Workers' Compensation fund created in article two-c, chapter twenty-three of this Enr. SB 419 code.

The transfers required by the section 11-21-96 ceased on February 1, 2016. Beginning fiscal year 2017, an annual amount of \$30 million from annual collections of the tax imposed by this article was dedicated for payment of the unfunded liability of the West Virginia Retiree Health Benefit Trust Fund. The \$30 million transferred pursuant to this subsection shall be transferred into the West Virginia Retiree Health Benefit Trust Fund by transferring \$5 million each month for the following months of each year: October, November, December, January, February and March, until the Governor certifies to the Legislature that an independent actuarial study has determined that the unfunded liability of West Virginia Retiree Health Benefit Trust Fund, as created in section two, article sixteen-d, chapter five of this code, has been provided for in its entirety or July 1, 2037, whichever date is later. RHBT started receiving the aforementioned \$30 million transfers in 2017. All employers would receive the benefit of these contributions.

Based on our review, and subject to the conditions described herein, we believe the financial plan approved by the Board for FY 2024 through FY 2029 may be reasonably expected to generate sufficient revenues, when combined with the existing surplus, to meet estimated insurance program and administrative costs of the Trust Fund.

This conclusion is based on significant revenue increases in employer, employee, and retiree premiums in later fiscal years of the plan through FY 2029 as approved by the Board in December 2023.

The preparation of any estimate of future health costs requires consideration of a broad array of complex social and economic events. Changes in reimbursement methodology, the emergence of new and expensive medical procedures and prescription drugs options, and the continuing evolution and changes of the framework of MAPD plan and other managed care options impacting Non-Medicare retirees, as are contemplated in the Board's proposed plan, increase the level of uncertainty of such estimates. As such, the estimate costs of insurance program contain considerable uncertainty and variability, and actual experience may not conform to the assumptions utilized in this report.

Respectfully,

Dave Bond, F.S.A., M.A.A.A.

Managing Partner

Dave Bond

Chris Borcik, F.S.A., M.A.A.A.

hristoph J. Besich

Principal

West Virginia Retiree Health Benefit Trust Fund Report of Independent Actuary Financial Plan for FY 2024 – FY 2029

OVERVIEW

This report analyzes revenues and expenses related to funding the health insurance benefits of retired employees of the State of West Virginia and various local agencies, together with their dependents. This report is intended for the sole use of the Board, and any other use requires written approval by Continuing Care Actuaries.

This report was compiled utilizing claims data collected by RHBT's third party administrators through September 2024 for prescription drugs and medical claims. Enrollment data, administrative expenses, managed care capitations, and plan revenues were provided at special request from RHBT. Revenue assumptions are based on premium rates, assumed investment income and significant general and special revenue allocations provided by the Governor, some which have not been approved by the West Virginia Legislature. In addition, other information became available through presentations made at Board meetings, which has been used in arriving at our conclusions.

The Code of West Virginia establishes the actuarial reporting requirements for the Trust Fund on an incurred basis for medical claims, prescription drug claims and capitations, and on an accrued basis for administrative expenses and revenue for a period of five years. The Fund represents state and local agency retirees and their survivors. The Trust Fund is allocated its share of administrative costs from PEIA.

KEY ASSUMPTIONS

A. Enrollment Changes

The Board has requested that the projection assume retiree enrollment growth consistent with the experience of the plan. These projections assume that the Trust Fund will annually have 1,000 additional policies. We have observed a net increase of 290 policy from the end of FY 2024 to October 2024. Continuing Care Actuaries has updated the claims analysis based on the enrollment through October 2024.

In aggregate, October 2024 enrollment has increased by 290 coverage since the end of FY 2024. Aggregate Preferred Provider Benefit ("PPB") enrollment has increased by 295 in total over the same period, while managed care enrollment continues to cover fewer participants, with a decrease of 5 coverages. For MAPD Capitations, the average of 52,452 Medicare policyholders in FY 2024 was used to calculate the capitation cost.

The following chart summarizes the current enrollment as of the selected monthly billing dates of June 2023, June 2024, and October 2024 for purposes of comparison:

Trust Fund		Preferred	Provider I	Benefit*	M	Managed Care		
	Coverage	Jun-23	Jun-24	Oct-24	Jun-23	Jun-24	Oct-24	
Retirees	Medicare Single	21,993	22,166	22,323	-	-	-	
	Medicare Family	16,042	15,891	15,967				
	Medicare Total	38,035	38,057	38,290	-	-	-	
	Non-Medicare Single	1,991	1,899	1,937	87	85	90	
	Non-Medicare Family	2,303	2,142	2,166	89	82	72	
	Non-Medicare Total	4,294	4,041	4,103	176	167	162	
	Retiree Total	42,329	42,098	42,393	176	167	162	
	Grand Total				42,505	42,265	42,555	

^{*} The majority of PPB is capitated through Humana. As of September 2024, there are approximately 1,113 Medicare retiree coverages under PEIA.

B. Changes in Claim Backlog

Detail of the medical claim backlog is presented in the PEIA report titled "PEIA Fiscal Year 2024 Financial Report".

C. Trend Analysis

RHBT experienced a lower medical trend and a higher prescription drugs trend in FY 2024, and over the past few years, total trends have been beneficial to the plan. Continuing Care Actuaries performed the detailed medical and prescription drugs trend analysis in the report titled, "PEIA FY2024 Detailed Medical and Prescription Drugs Claim Trend Report". This report includes the detailed trend analysis of PEIA experience by medical and prescription drugs. Based on the analysis, the assumed FY 2025 medical claim trend is 8.0%, the gross prescription drugs claim trend is 15.0% and the prescription drugs rebate trend is 5.0%. In 2025, there were an additional rebate included in the projection to reflect the new PBM contract with ESI.

The current trend projection is shown in the following table:

Claim Type	Previous Assumption FY 2025 Trend	Updated Assumption FY 2025 Trend
Non-Medicare – Medical	8.0%	8.0%
Medicare – Medical	8.0%	8.0%
Non-Medicare – Gross Drugs	15.0%	15.0%
Medicare – Gross Drugs	15.0%	15.0%
Prescription Drugs Rebate	5.0%	5.0%

In the past, claim trends for the financial plan included a 0.5% margin in future years. CCA has assumed the medical and drugs claim trends for the financial projection will increase by 0.5% in FY 2026 and in each successive fiscal year. Additionally, drug rebates have been trending at approximately 9% over the last two years. As a result, CCA has separated net drugs in the financial plan into gross drugs and drug rebate amounts. Drug rebates trends are set at 5% in the financial plan. At the Board's request, the baseline trend assumptions have been established to reflect the most likely or expected trends.

The following chart summarizes the trend results observed for the plan using data through September 2024. It is important to note that these trends <u>have not</u> been adjusted to reflect savings as a result of the expansion of the drug rebate program or the claim savings due to changes in provider reimbursement methodologies nor changes in the benefit structure. In developing the claim cost projection, we have reflected for benefit and reimbursement changes as an adjustment to the gross trend assumption.

Aggregate Trust Fund Historical Trends (Retirees)

Fiscal <u>Year</u>	Medical <u>Medicare</u>	Medical <u>Non-Medicare</u>	Drugs <u>Medicare</u>	Drugs <u>Non-Medicare</u>	<u>Total</u>
2004	9%	2%	3%	-2%	6%
2005	6%	-2%	16%	1%	8%
2006	6%	5%	11%	17%	8%
2007	6%	1%	6%	6%	5%
2008	N/A	6%	N/A	-1%	N/A
2009	N/A	-2%	N/A	5%	N/A
2010	N/A	3%	N/A	7%	N/A
2011	N/A	12%	N/A	16%	N/A
2012	-5%	-6%	2%	8%	-2%
2013	23%	-3%	-3%	-7%	-2%
2014	N/A	7%	N/A	6%	N/A
2015	N/A	6%	N/A	5%	N/A
2016	-10%	2%	11%	9%	3%
2017	11%	0%	10%	31%	8%
2018	12%	8%	41%	14%	11%
2019	41%	2%	-1%	20%	8%
2020	19%	-10%	5%	12%	-2%
2021	-9%	17%	10%	7%	13%
2022	9%	11%	-3%	17%	12%
2023	-24%	18%	-11%	3%	9%
2024	-4%	5%	20%	26%	12%
2025*	-4%	-1%	16%	30%	10%

^{*} Fiscal year 2025 results are through the first three months ending September 2024. It should be noted that Humana's plan year starts in January 2014 in calendar year basis (not starting in July as in PEIA plan year basis) and the Medicare trends are not statistically credible in 2014 and 2015.

Effective July 1, 2007, PEIA contracted with Coventry Advantra Freedom to provide Medicare Advantage/Prescription Drug Plan ("Coventry MA and PDP") Benefits to Medicare-eligible retired employees and dependents. Under this arrangement, Coventry Advantra Freedom had assumed the financial risk of providing comprehensive medical and prescription drug coverage with limited copayments. This arrangement expired on June 30, 2010. As a result, fiscal years 2008 through 2011 Medicare trends are not statistically credible. RHBT left the Coventry MA and PDP program as of June 30, 2012, and RHBT assigned Medicare eligible retirees to the Humana MAPD program starting July 1, 2012.

D. Enrollment, Claim, Expense and Revenue Assumptions

Using aggregate PEIA and Trust Fund paid claim data through September 2024 for medical claims and for prescription drugs claims, average annualized incurred unit claim costs were developed for the Trust Fund for both self-funded and managed care coverages. Continuing Care Actuaries has developed the claim cost on an adjusted exposure basis using the respective expected claim cost for each coverage type. The adjusted exposure methodology weighs the expected claim cost under each coverage type for single, member and children, and family coverages based on observed differences in health care cost. For example, under this methodology single coverage types are given a weight of 1.0 exposure, whereas member and children coverages are given a greater weighting based on historical expected health care cost relationships. Based on this methodology, the result of FY 2024 and the projection of FY 2025 claims and expenses are summarized in the following chart. It should be noted that the chart reflects per policy information.

Fiscal Year 2024 Result			Reve	nue	Expenses			
			Monthly	Monthly	Monthly 1	Monthly	Monthly	
			Employer	Employee	Medical	Drugs	Capitation	
Fund	Program	Policies	Premiums	Premiums	Costs	Costs*	Costs	
Retiree	Medicare Humana and Express Scripts Non-Medicare	38,200 4,284			\$ 1,186 \$	337** 3 428	\$ 109	
	Total	42,484	\$0	\$128				
	Non-Medicare <u>Managed Care</u> Total	172 42,656	\$0	\$604			\$ 1,778	

^{*}Net of rebates and subsidies.

^{**} As of June 2024, there are approximately 859 Medicare coverages that were not capitated through Humana.

Fiscal Year 2025 Projection			Reve	nue	Expenses			
			Monthly	Monthly	Monthly	Monthly	Monthly	
			Employer	Employee	Medical	Drugs	Capitation	
Fund	Program	Policies	Premiums	Premiums	Costs	Costs*	Costs	
	Medicare Humana and							
Retiree	Express Scripts	38,575			\$ 298**	\$ 409**	\$ 134	
	Non-Medicare	4,067			\$ 1,321	\$ 528		
	Total	42,642	\$0	\$130				
	Non-Medicare							
	Managed Care	161	\$0	\$659			\$ 2,052	
	Total	42,803						

^{*}Net of rebates and subsidies.

^{**} As of September 2024, there are approximately 1,113 Medicare coverages that were not capitated through Humana.

Projected plan revenues and administrative expenses were provided by RHBT. The following chart summarizes the financial plan adopted by the Board in December 2023.

Board Decisions – December 2023

	Fiscal Year					
Source	2024	2025	2026	2027	2028	2029
Additional Non-Medicare Retiree						
Premium (Fiscal Year)	\$0	\$2,135,023	\$2,261,548	\$2,366,451	\$0	\$4,869,647
Additional Medicare Retiree						
Premium (Calendar Year)	\$0	\$0	\$6,188,888	\$6,959,498	\$0	\$14,671,801
General Revenue Transfer (OPEB						
Funding)	\$30,000,000	\$30,000,000	\$30,000,000	\$30,000,000	\$30,000,000	\$30,000,000
General Revenue Transfer						
(Premium Offset)	\$0	\$0	\$0	\$0	\$0	\$0
Benefit Reductions and Savings /						
(Increase) - Retiree Non-Medicare	\$0	\$0	\$0	\$0	\$0	\$0
Board Decision Benefit Reduction						
– Retiree Medicare	\$0	\$0	\$0	\$0	\$0	\$0
Benefit Reductions / (Increase) -						
Humana MAPD (Calendar Year)	\$0	\$0	\$0	\$0	\$0	\$0
Pay Go Premium Transfer	\$0	\$29,000,000	\$10,000,000	\$10,000,000	\$0	\$0
Actuarial Accrued Liability*						
(Beginning of Year)	\$1,637,416,883	\$1,664,331,633	\$1,684,759,827	\$1,697,694,682	\$1,701,970,701	\$1,699,217,819
Funded Status	109.7%	116.9%	121.5%	124.8%	128.1%	130.3%

^{*}Projected Result

Future fiscal year State revenue increases will require legislative appropriation. Additional retiree premiums represent premiums paid by retirees either directly or through sick and annual leave conversion credits. RHBT will receive \$30,000,000 in general revenue transfers.

Additionally, RHBT management has assumed that the Retiree Premium Assistance Program will grow as a direct result from the required retiree premium increases in the financial plan. The program's cost is currently projected to grow from \$1,419,593 in FY 2024 to \$2,085,848 in FY 2029, based on the Board's direction and projected retiree enrollment growth in the financial plan.

In FY 2024, the ACA PCORI fee is approximately \$3.22 per person per year.

West Virginia Senate Bill 268 was signed into law on March 17, 2023. The bill makes three substantial changes to PEIA effective July 1, 2023:

- 1. Imposes the monthly spouse surcharge for active employee policyholders from state agencies, colleges, universities, and county boards of education whose spouses are offered employer-sponsored insurance coverage but who choose to get coverage through a plan offered by PEIA. This change does not affect non-state agencies, retirees, spouses who are employed by PEIA-participating agencies or are retired, or spouses whose coverage is through Medicare, Medicaid, or TRICARE.
- 2. Increases health premiums to get the plan back to an 80/20 employer/employee premium split for state agencies, colleges, universities, and county boards of education by July 1, 2023. This eliminates direct and rainy day fund transfers from the state that were previously part of the financial plan.
- 3. Increases reimbursement to providers to a minimum of 110% of Medicare's reimbursement. It is estimated that this increase to reimbursement will increase paid claims for PEIA and Non-Medicare retirees in the RHBT by \$54.4 million.

E. Provider Reimbursement Changes

Effective July 1, 2012, RHBT has contracted with Humana to provide a Medicare Advantage Plan ("Humana MAPD") benefit to Medicare-eligible retired employees and their Medicare-eligible dependents. Under this arrangement, Humana has assumed the financial risk of providing comprehensive medical and drug coverage with limited copayments. RHBT has had favorable renewals resulting in reduced MAPD capitations. Non-Medicare retirees will continue enrollment in PEIA's Preferred Provider Benefit or the Managed Care Option.

It should be noted that RHBT left the Coventry MA and PDP program as of June 30, 2012, and RHBT assigned Medicare eligible retirees to the Humana MAPD program starting July 1, 2012.

FISCAL YEAR 2024 RESULT

The financial result for FY 2024 under the Baseline scenario is presented in the Appendix. The Baseline result for FY 2024 projects accrued revenue of \$407,654,547 and incurred plan expenses of \$177,042,213 to produce a fiscal year surplus of \$230,612,334 after the Premium Stabilization Reserve drawdown of \$80,761,427. The PEIA local and state agencies Pay Go premiums for FY 2024 are \$0.

FISCAL YEAR 2025 FORECAST

The financial forecast for FY 2025 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2025 projects accrued revenue of \$374,357,368 and incurred plan expenses of \$199,520,358 to produce a fiscal year surplus of \$174,837,010 after the Premium Stabilization Reserve drawdown of \$72,955,792. The PEIA local and state agencies Pay Go premiums for FY 2025 are assumed to be \$29,000,000.

FISCAL YEAR 2026 FORECAST

The financial forecast for FY 2026 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2026 projects accrued revenue of \$407,683,356 and incurred plan expenses of \$225,211,572 to produce a fiscal year surplus of \$182,471,784 after the Premium Stabilization Reserve drawdown of \$111,266,963. The PEIA local and state agencies Pay Go premiums for FY 2026 are assumed to be \$10,000,000.

FISCAL YEAR 2027 FORECAST

The financial forecast for FY 2027 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2027 projects accrued revenue of \$328,097,673 and incurred plan expenses of \$248,744,346 to produce a fiscal year surplus of \$79,353,327 after the Premium Stabilization Reserve drawdown of \$17,122,322. The PEIA local and state agencies Pay Go premiums for FY 2027 are assumed to be \$10,000,000.

FISCAL YEAR 2028 FORECAST

The financial forecast for FY 2028 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2028 projects accrued revenue of \$310,314,690 and incurred plan expenses of \$276,528,347 to produce a fiscal year surplus of \$33,786,343 after the Premium Stabilization Reserve drawdown of \$0. The PEIA local and state agencies Pay Go premiums for FY 2028 are assumed to be \$0.

FISCAL YEAR 2029 FORECAST

The financial forecast for FY 2029 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2029 projects accrued revenue of \$326,310,062 and incurred plan expenses of \$309,011,971 to produce a fiscal year surplus of \$17,298,091 after the Premium Stabilization Reserve drawdown of \$0. The PEIA local and state agencies Pay Go premiums for FY 2029 are assumed to be \$0.

LITIGATION

The forecasts presented in the attached tables do not contemplate any additional revenues or expenses to be generated from litigation activities.

SUMMARY

It should be noted that the aggregate PEIA and Trust Fund reserves will meet or exceed the 10% of program expense requirement under the Baseline Scenario assumptions. With projected changes to the plan as adopted in the Board, we are forecasting that the plan will meet the minimum 10% reserve target set by West Virginia Statute through the projection period ending with the fiscal year 2029. These projections are based on significant revenue increases as contained in the financial plan adopted by the Board in December 2023 and are contingent on legislative approval.

These forecasts are based on assumptions including the estimated cost and savings of plan changes, expected trend levels and exposure levels. The continued enrollment changes of the managed care options, changes in physician, ambulatory and hospital provider reimbursement; possible changes in methodology of managed care premium calculation; and changes in the prescription drugs program, can be expected to further exacerbate the difficulty of projecting future medical and drugs claim levels and lags. These projections do not incorporate any anticipated effects of national or state health care reform, such as Medicare and Medicaid reform. As such, actual results deviating from those amounts projected in these pages should not be unexpected. With the legislatively mandated requirement of a five-year projection, it should be assumed that constant modifications would be required.

APPENDIX - BASELINE SCENARIO RHBT - MEDICARE AND NON-MEDICARE

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL RESULT FISCAL YEAR 2024

PERIOD 7/1/2023 - 6/30/2024

	to	7/1/2023 0 12/31/2023	1/1/2024 to 6/30/2024		TRUST Total
Revenues WV PEIA Pay Go Premiums Retiree Premiums - PPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$	32,883,721 630,149 1,015,960 13,159,048 100,920,956 42,356,012 15,000,000	\$ 32,571,633 615,690 1,015,960 13,159,048 100,920,956 38,405,415 15,000,000	\$	65,455,354 1,245,839 2,031,920 26,318,095 201,841,912 80,761,427 30,000,000
Total Revenue	\$	205,965,845	\$ 201,688,702	\$	407,654,547
Program Expenses Non-Medicare Medical Claims Gross Non-Medicare Prescription Drug Claims Non-Medicare Prescription Drug Rebates Medicare Medical Claims Gross Medicare Prescription Drug Claims Medicare Prescription Drug Rebates Non-Medicare Managed Care Capitations Humana MAPD Program Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund Total Expenses Fiscal Year Results	\$ \$	30,834,628 17,674,325 (6,718,645) 2,629,903 5,323,286 (2,023,572) 1,835,001 23,281,222 1,964,515 13,152,705 - 709,797 - 16,243 - 88,679,406	\$ 30,119,444 17,821,884 (6,774,738) 1,272,800 2,664,471 (1,012,861) 1,835,001 26,593,549 1,964,515 13,152,705 - 709,797 - 16,243 - 88,362,808	\$ \$	60,954,073 35,496,209 (13,493,383) 3,902,703 7,987,757 (3,036,433) 3,670,001 49,874,771 3,929,029 26,305,409 - 1,419,593 - 32,485 - 177,042,213
D. C. D. C. LD.				6	1 512 550 492
Beginning Restricted Reserve Ending Restricted Reserve				\$	1,513,559,482 1,744,171,816
Beginning Premium Stabilization Reserve				\$	282,106,504
PSR Addition/(Drawdown)				\$	(80,761,427)
Ending Premium Stabilization Reserve				\$	201,345,077
Total Beginning Plan Reserve					1,795,665,986
Total Ending Plan Reserve				\$	1,945,516,893
Accrued Actuarial Liability (AAL)				\$	1,637,416,883
Funded Status					109.7%

		100001111 110110		
Pay Go Monthly Premium for Actives	\$ -	Claim and Ot	her Expense Trend	ls
Additional Retiree Premiums	\$ 377,090	Eligibility	Medical	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ -	Non-Medicare	7.5%	14.5%
		Medicare	7.5%	14.5%
		Prescription Drug Rebates		0.0%
		Capitations		12.4%
		Administrative Expense		-16.9%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		-100.0%

APPENDIX - BASELINE SCENARIO <u>RHBT - MEDICARE</u>

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL RESULT FISCAL YEAR 2024

PERIOD 7/1/2023 - 6/30/2024

Medicare Retiree		Baseline Projection	Board Decision	Ending Projection
Revenues WV PEIA Pay Go Premiums Employer Premiums - PPB	\$	4,591,031	(252,918)	\$ 4,338,113
Employer Premiums - MCO Retiree Premiums - PPB		39,323,817	- 428,247	39,752,064
Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)		1,317,258 17,061,558 116,265,035 67,082,621 15,570,843	-	1,317,258 17,061,558 116,265,035 67,082,621 15,570,843
Total Revenue	\$	261,212,163	\$ 175,329	\$ 261,387,491
Program Expenses Medicare Medical Claims Gross Medicare Prescription Drug Claims Medicare Prescription Drug Rebates Humana MAPD Program Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund	\$	3,902,703 7,987,757 (3,036,433) 49,874,771 1,450,312 17,053,333 - 920,297 - 5,866	\$ - -	\$ 3,902,703 7,987,757 (3,036,433) 49,874,771 1,450,312 17,053,333 - 920,297 - 5,866
Total Expenses	\$	78,158,606	\$ -	\$ 78,158,606
Fiscal Year Results	\$	183,053,557		\$ 183,228,886
Beginning Restricted Reserve	\$	813,567,531		\$ 813,567,531
Ending Restricted Reserve	\$	996,621,088		\$ 996,796,417
Beginning Premium Stabilization Reserve	\$	220,772,496		\$ 220,772,496
PSR Addition/(Drawdown)	\$	(67,082,621)		\$ (67,082,621)
Ending Premium Stabilization Reserve	<u>\$</u>	153,689,875		\$ 153,689,875
Total Beginning Plan Reserve		1,034,340,027		1,034,340,027
Total Ending Plan Reserve	\$	1,150,310,963		\$ 1,150,486,292
Accrued Actuarial Liability (AAL)	\$	1,637,416,883		\$ 1,637,416,883
Funded Status		111.7%		111.7%

	IXL I	ABBUMI HONS		
Pay Go Monthly Premium for Actives	\$ -	Claim and O	ther Expense Trends	
Additional Retiree Premiums	\$ 175,329	<u>Eligibility</u>	Medical	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ -	Medicare	7.5%	14.5%
		Prescription Drug Rebates		0.0%
		Capitations		12.4%
		Administrative Expense		-16.9%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		-100.0%

APPENDIX - BASELINE SCENARIO RHBT - NON-MEDICARE

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL RESULT FISCAL YEAR 2024

PERIOD 7/1/2023 - 6/30/2024

Non-Medicare Retiree		Baseline Projection	Board Decision		Ending Projection
Revenues WV PEIA Pay Go Premiums Employer Premiums - PPB Employer Premiums - MCO Retiree Premiums - PPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$	4,747,866 439,324 16,398,248 823,818 714,662 9,256,537 85,576,877 13,678,806 14,429,157	(274,284) (35,282) 493,348 17,979		4,473,582 404,042 16,891,596 841,797 714,662 9,256,537 85,576,877 13,678,806 14,429,157
Total Revenue	\$	146,065,294	\$ 201,762	\$	146,267,056
Program Expenses Non-Medicare Medical Claims Gross Non-Medicare Prescription Drug Claims Non-Medicare Prescription Drug Rebates Non-Medicare Managed Care Capitations Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund	\$	60,954,073 35,496,209 (13,493,383) 3,670,001 2,478,717 9,252,076 - 499,296 - 26,619	\$ - -	\$	60,954,073 35,496,209 (13,493,383) 3,670,001 2,478,717 9,252,076 - 499,296 - 26,619
Total Expenses	\$	98,883,608	\$ -	\$	98,883,608
Fiscal Year Results	\$	47,181,686		\$	47,383,448
Beginning Restricted Reserve Ending Restricted Reserve Beginning Premium Stabilization Reserve	\$ <u>\$</u> \$	699,991,950 747,173,636 61,334,008		\$ <u>\$</u> \$	699,991,950 747,375,398 61,334,008
PSR Addition/(Drawdown)	\$	(13,678,806)		\$	(13,678,806)
Ending Premium Stabilization Reserve	\$	47,655,202		\$	47,655,202
Total Beginning Plan Reserve		761,325,958			761,325,958
Total Ending Plan Reserve	\$	794,828,838		\$	795,030,600
Accrued Actuarial Liability (AAL)	\$	-		\$	-
Funded Status		N/A			N/A

	IXL I	ABBUMI HONS		
Pay Go Monthly Premium for Actives	\$ -	Claim and C	Other Expense Trends	
Additional Retiree Premiums	\$ 201,762	<u>Eligibility</u>	Medical	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ -	Non-Medicare	7.5%	14.5%
		Prescription Drug Rebates		0.0%
		Capitations		12.4%
		Administrative Expense		-16.9%
Number of Net New Retirees	(200)	Pay Go Monthly Premium		-100.0%

APPENDIX - BASELINE SCENARIO RHBT - MEDICARE AND NON-MEDICARE

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2025

PERIOD 7/1/2024 - 6/30/2025

	7/1/2024 12/31/2024	1/1/2025 to 6/30/2025		TRUST Total
Revenues WV PEIA Pay Go Premiums Retiree Premiums - PPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$ 14,500,000 33,311,005 627,663 985,481 13,817,000 72,418,505 37,499,411 15,000,000	\$ 14,500,000 33,375,515 645,421 985,481 13,817,000 72,418,505 35,456,381 15,000,000	\$	29,000,000 66,686,520 1,273,084 1,970,962 27,634,000 144,837,010 72,955,792 30,000,000
Total Revenue	\$ 188,159,066	\$ 186,198,302	\$	374,357,368
Program Expenses Non-Medicare Medical Claims Gross Non-Medicare Prescription Drug Claims Non-Medicare Prescription Drug Rebates Medicare Medical Claims Gross Medicare Prescription Drug Claims Medicare Prescription Drug Rebates Non-Medicare Managed Care Capitations Humana MAPD Program Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund Total Expenses	\$ 31,639,537 19,426,923 (6,727,923) 2,772,857 6,007,333 (2,084,283) 1,981,801 26,130,805 2,023,450 13,810,340 - 766,580 - 16,243 84,396	32,822,333 20,269,259 (7,184,610) 1,332,455 2,985,291 (1,031,599) 1,981,801 35,796,362 2,023,450 13,810,340 - 766,580 - 16,243 84,396	\$	64,461,870 39,696,181 (13,912,533) 4,105,312 8,992,624 (3,115,882) 3,963,601 61,927,167 4,046,900 27,620,679 - 1,533,160 - 32,487 168,792
Fiscal Year Results	\$ 92,311,009	\$ 82,526,001	\$	174,837,010
Beginning Restricted Reserve Ending Restricted Reserve			\$ <u>\$</u>	1,744,171,816 1,919,008,826
Beginning Premium Stabilization Reserve			\$	201,345,077
PSR Addition/(Drawdown)			\$	(72,955,792)
Ending Premium Stabilization Reserve			\$	128,389,285
Total Beginning Plan Reserve			6	1,945,516,893
Total Ending Plan Reserve			\$	2,047,398,111
Accrued Actuarial Liability (AAL) Funded Status			\$	1,664,331,633 116.9%

	KE I	ASSUMI HONS		
Pay Go Monthly Premium for Actives	\$ 32.34	Claim and O	ther Expense Trends	
Additional Retiree Premiums	\$ 2,544,527	Eligibility	<u>Medical</u>	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ 56.46	Non-Medicare	8.0%	15.0%
		Medicare	8.0%	15.0%
		Prescription Drug Rebates		5.0%
		Capitations		8.5%
		Administrative Expense		3.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		0.0%

APPENDIX - BASELINE SCENARIO <u>RHBT - MEDICARE</u>

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2025

PERIOD 7/1/2024 - 6/30/2025

Medicare Retiree		Baseline Projection	Board Decision		Ending Projection
Revenues WV PEIA Pay Go Premiums Employer Premiums - PPB Employer Premiums - MCO Retiree Premiums - MPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$	8,953,918 4,435,377 - 39,546,104 - 1,277,740 17,914,635 85,649,729 60,787,762 18,060,441	(56,336) - 465,840 -	\$	8,953,918 4,379,040 - 40,011,943 - 1,277,740 17,914,635 85,649,729 60,787,762 18,060,441
Total Revenue	\$	236,625,706	\$ 409,504	\$	237,035,209
Program Expenses Medicare Medical Claims Gross Medicare Prescription Drug Claims Medicare Prescription Drug Rebates Humana MAPD Program Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund	\$	4,105,312 8,992,624 (3,115,882) 61,927,167 1,493,821 17,906,000 - 993,921 - 7,399	\$ -	\$	4,105,312 8,992,624 (3,115,882) 61,927,167 1,493,821 17,906,000 - 993,921 - 7,399
Total Expenses	\$	92,310,362	\$ -	\$	92,310,362
Fiscal Year Results	\$	144,315,344		\$	144,724,848
Beginning Restricted Reserve Ending Restricted Reserve Beginning Premium Stabilization Reserve PSR Addition/(Drawdown)	\$ <u>\$</u> \$	996,796,417 1,141,111,761 153,689,875 (60,787,762)		\$ <u>\$</u> \$	996,796,417 1,141,521,265 153,689,875 (60,787,762)
Ending Premium Stabilization Reserve	\$	92,902,112		\$	92,902,112
Total Beginning Plan Reserve		1,150,486,292			1,150,486,292
Total Ending Plan Reserve	\$	1,234,013,873		\$	1,234,423,377
Accrued Actuarial Liability (AAL)	\$	1,664,331,633		\$	1,664,331,633
Funded Status		117.8%			118.0%

	KLI	ASSUMI HONS		
Pay Go Monthly Premium for Actives	\$ 32.34	Claim and C	Other Expense Trends	
Additional Retiree Premiums	\$ 409,504	Eligibility	Medical	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ 19.34	Medicare	8.0%	15.0%
		Prescription Drug Rebates		5.0%
		Capitations		8.5%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		0.0%

APPENDIX - BASELINE SCENARIO <u>RHBT - NON-MEDICARE</u>

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2025

PERIOD 7/1/2024 - 6/30/2025

Non-Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
Revenues WV PEIA Pay Go Premiums Employer Premiums - PPB Employer Premiums - MCO Retiree Premiums - PPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$ 20,046,082 4,414,166 385,004 15,856,405 778,022 693,222 9,719,364 59,187,281 12,168,030 11,939,559	200,835 28,399 1,824,130 81,658	\$ 20,046,082 4,615,001 413,403 17,680,535 859,681 693,222 9,719,364 59,187,281 12,168,030 11,939,559
Total Revenue	\$ 135,187,135	\$ 2,135,023	\$ 137,322,158
Program Expenses Non-Medicare Medical Claims Gross Non-Medicare Prescription Drug Claims Non-Medicare Prescription Drug Rebates Non-Medicare Managed Care Capitations Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund Total Expenses	\$ 64,461,870 40,212,740 (13,912,533) 3,963,601 2,553,079 9,714,679 - 539,240 - 25,088 168,792 \$ 107,726,557	\$ - (516,559)	\$ 64,461,870 39,696,181 (13,912,533) 3,963,601 2,553,079 9,714,679 - 539,240 - 25,088 168,792 \$ 107,209,998
Fiscal Year Results	\$ 27,460,578		\$ 30,112,160
Beginning Restricted Reserve Ending Restricted Reserve Beginning Premium Stabilization Reserve PSR Addition/(Drawdown) Ending Premium Stabilization Reserve	\$ 747,375,398 <u>\$ 774,835,976</u> \$ 47,655,202 \$ (12,168,030) \$ 35,487,173		\$ 747,375,398 \$ 777,487,558 \$ 47,655,202 \$ (12,168,030) \$ 35,487,173
Total Beginning Plan Reserve	795,030,600		795,030,600
Total Ending Plan Reserve	<u>\$ 810,323,148</u>		\$ 812,974,731
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

	ILLI	ABBUILLIUMS		
Pay Go Monthly Premium for Actives	\$ 32.34	Claim an	d Other Expense Trends	
Additional Retiree Premiums	\$ 2,135,023	Eligibility	Medical	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ 395.15	Non-Medicare	8.0%	15.0%
		Prescription Drug Rebates		5.0%
		Capitations		8.5%
		Administrative Expense		3.0%
Number of Net New Retirees	(200)	Pay Go Monthly Premium		0.0%

APPENDIX - BASELINE SCENARIO RHBT - MEDICARE AND NON-MEDICARE

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2026

PERIOD 7/1/2025 - 6/30/2026

	to	7/1/2025 12/31/2025	1/1/2026 to 6/30/2026		TRUST Total
Revenues WV PEIA Pay Go Premiums Retiree Premiums - PPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$	5,000,000 34,616,383 709,519 955,917 14,507,850 76,235,892 56,962,177 15,000,000	\$ 5,000,000 36,981,653 709,519 955,917 14,507,850 76,235,892 54,304,786 15,000,000	\$	10,000,000 71,598,037 1,419,038 1,911,834 29,015,700 152,471,784 111,266,963 30,000,000
Total Revenue	\$	203,987,738	\$ 203,695,617	\$	407,683,356
Program Expenses Non-Medicare Medical Claims Gross Non-Medicare Prescription Drug Claims Non-Medicare Prescription Drug Rebates Medicare Medical Claims Gross Medicare Prescription Drug Claims Medicare Prescription Drug Rebates Non-Medicare Managed Care Capitations Humana MAPD Program Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund Total Expenses	\$	34,559,723 21,789,663 (7,134,962) 2,909,075 6,710,381 (2,122,842) 2,140,345 35,173,483 2,084,154 14,500,857 - 827,907 - 18,385 85,214 111,541,380	35,933,545 23,031,129 (7,619,279) 1,401,370 3,342,406 (1,050,684) 2,140,345 38,974,845 2,084,154 14,500,857 - 827,907 - 18,385 85,214 113,670,192	\$	70,493,268 44,820,792 (14,754,241) 4,310,444 10,052,787 (3,173,526) 4,280,689 74,148,328 4,168,307 29,001,713 - 1,655,813 - 36,769 170,428 225,211,572
Fiscal Year Results	\$	92,446,358	\$ 90,025,425	\$	182,471,784
Beginning Restricted Reserve Ending Restricted Reserve				\$	1,919,008,826 2,101,480,609
Beginning Premium Stabilization Reserve				\$	128,389,285
PSR Addition/(Drawdown)				\$	(111,266,963)
Ending Premium Stabilization Reserve Total Beginning Plan Reserve				9	2,047,398,111
Total Ending Plan Reserve				\$	2,118,602,931
Accrued Actuarial Liability (AAL)				\$	1,684,759,827
Funded Status					121.5%

	KE I	ASSUMI HONS		
Pay Go Monthly Premium for Actives	\$ 11.14	Claim and O	ther Expense Trends	
Additional Retiree Premiums	\$ 5,933,301	Eligibility	<u>Medical</u>	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ 19.04	Non-Medicare	8.5%	15.5%
		Medicare	8.5%	15.5%
		Prescription Drug Rebates		5.0%
		Capitations		9.0%
		Administrative Expense		3.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		-65.5%

APPENDIX - BASELINE SCENARIO <u>RHBT - MEDICARE</u>

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2026

PERIOD 7/1/2025 - 6/30/2026

Medicare Retiree		Baseline Projection	Board Decision		Ending Projection
Revenues WV PEIA Pay Go Premiums Employer Premiums - PPB Employer Premiums - MCO Retiree Premiums - PPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$	3,642,376 4,470,520 - 40,084,695 - 1,239,408 18,810,367 91,928,743 78,688,572 17,485,566	368,411 - 3,303,342 -	\$	3,642,376 4,838,931 - 43,388,037 - 1,239,408 18,810,367 91,928,743 78,688,572 17,485,566
Total Revenue	\$	256,350,248	\$ 3,671,753	\$	260,022,001
Program Expenses Medicare Medical Claims Gross Medicare Prescription Drug Claims Medicare Prescription Drug Rebates Humana MAPD Program Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund	\$	4,310,444 10,052,787 (3,173,526) 74,148,328 1,538,636 18,801,300 - 1,073,435 - 12,824	\$ -	\$	4,310,444 10,052,787 (3,173,526) 74,148,328 1,538,636 18,801,300 - 1,073,435 - 12,824
Total Expenses	\$	106,764,228	\$ -	\$	106,764,228
Fiscal Year Results	\$	149,586,020		\$	153,257,773
Beginning Restricted Reserve Ending Restricted Reserve Beginning Premium Stabilization Reserve	\$ <u>\$</u> \$	1,141,521,265 1,291,107,284 92,902,112		\$ \$ \$	1,141,521,265 1,294,779,037 92,902,112
PSR Addition/(Drawdown)	\$	(78,688,572)		\$	(78,688,572)
Ending Premium Stabilization Reserve	\$	14,213,541		\$	14,213,541
Total Beginning Plan Reserve		1,234,423,377			1,234,423,377
Total Ending Plan Reserve	\$	1,305,320,825		\$	1,308,992,578
Accrued Actuarial Liability (AAL)	\$	1,684,759,827		\$	1,684,759,827
Funded Status		121.1%			121.3%

	KEI	ASSUMI HONS		
Pay Go Monthly Premium for Actives	\$ 11.14	Claim and O	ther Expense Trends	
Additional Retiree Premiums	\$ 3,671,753	<u>Eligibility</u>	Medical	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ 7.64	Medicare	8.5%	15.5%
		Prescription Drug Rebates		5.0%
		Capitations		9.0%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		-65.5%

APPENDIX - BASELINE SCENARIO RHBT - NON-MEDICARE

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2026

PERIOD 7/1/2025 - 6/30/2026

Non-Medicare Retiree		Baseline Projection	Board Decision		Ending Projection
Revenues WV PEIA Pay Go Premiums Employer Premiums - PPB Employer Premiums - MCO Retiree Premiums - MPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$	6,357,624 4,623,439 426,842 16,615,537 862,741 672,426 10,205,333 60,543,041 32,578,391 12,514,434	464,128 42,849 1,667,964 86,607	\$	6,357,624 5,087,567 469,691 18,283,502 949,348 672,426 10,205,333 60,543,041 32,578,391 12,514,434
Total Revenue	\$	145,399,807	\$ 2,261,548	\$	147,661,355
Program Expenses Non-Medicare Medical Claims Gross Non-Medicare Prescription Drug Claims Non-Medicare Prescription Drug Rebates Non-Medicare Managed Care Capitations Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund	\$	70,493,268 45,655,805 (14,754,241) 4,280,689 2,629,671 10,200,413 - 582,379 - 23,946 170,428	\$ - (835,013)	\$	70,493,268 44,820,792 (14,754,241) 4,280,689 2,629,671 10,200,413 - 582,379 - 23,946 170,428
Fiscal Year Results	\$	26,117,449	 (055,015)	\$	29,214,010
riscar real results	-	20,117,449		y .	29,214,010
Beginning Restricted Reserve	\$	777,487,558		\$	777,487,558
Ending Restricted Reserve	\$	803,605,007		\$	806,701,568
Beginning Premium Stabilization Reserve	\$	35,487,173		\$	35,487,173
PSR Addition/(Drawdown)	\$	(32,578,391)		\$	(32,578,391)
Ending Premium Stabilization Reserve	\$	2,908,781		\$	2,908,781
Total Beginning Plan Reserve		812,974,731			812,974,731
Total Ending Plan Reserve	\$	806,513,788		\$	809,610,349
Accrued Actuarial Liability (AAL)	\$	-		\$	-
Funded Status		N/A			N/A

	ILLI	ASSUMI HONS		
Pay Go Monthly Premium for Actives	\$ 11.14	Claim and	Other Expense Trends	
Additional Retiree Premiums	\$ 2,261,548	<u>Eligibility</u>	Medical	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ 131.70	Non-Medicare	8.5%	15.5%
		Prescription Drug Rebates		5.0%
		Capitations		9.0%
		Administrative Expense		3.0%
Number of Net New Retirees	(200)	Pay Go Monthly Premium		-65.5%

APPENDIX - BASELINE SCENARIO RHBT - MEDICARE AND NON-MEDICARE

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2027

PERIOD 7/1/2026 - 6/30/2027

	to	7/1/2026 12/31/2026	1/1/2027 to 6/30/2027	TRUST Total
Revenues WV PEIA Pay Go Premiums Retiree Premiums - PPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$	5,000,000 38,280,729 783,798 927,240 15,233,243 78,923,508 8,719,718 15,000,000	\$ 5,000,000 40,959,047 783,798 927,240 15,233,243 78,923,508 8,402,604 15,000,000	\$ 10,000,000 79,239,776 1,567,595 1,854,479 30,466,485 157,847,016 17,122,322 30,000,000
Total Revenue	\$	162,868,234	\$ 165,229,439	\$ 328,097,673
Program Expenses Non-Medicare Medical Claims Gross Non-Medicare Prescription Drug Claims Non-Medicare Prescription Drug Rebates Medicare Medical Claims Gross Medicare Prescription Drug Claims Medicare Prescription Drug Rebates Non-Medicare Managed Care Capitations Humana MAPD Program Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund Total Expenses	\$	37,923,972 25,089,041 (7,566,627) 3,066,095 7,528,257 (2,162,115) 2,311,572 38,296,659 2,146,678 15,225,900 - 894,139 - 20,632 86,061 122,860,263	39,521,149 26,959,007 (8,080,245) 1,480,645 3,758,452 (1,070,121) 2,311,572 42,630,215 2,146,678 15,225,900 - 894,139 - 20,632 86,061 125,884,083	\$ 77,445,121 52,048,048 (15,646,872) 4,546,740 11,286,709 (3,232,236) 4,623,144 80,926,874 4,293,356 30,451,799 - 1,788,278 - 41,264 172,121 248,744,346
Fiscal Year Results	\$	40,007,972	\$ 39,345,355	\$ 79,353,327
Beginning Restricted Reserve Ending Restricted Reserve				\$ 2,101,480,609 2,180,833,937
Beginning Premium Stabilization Reserve				\$ 17,122,322
PSR Addition/(Drawdown)				\$ (17,122,322)
Ending Premium Stabilization Reserve				\$ -
Total Beginning Plan Reserve				2,118,602,931
Total Ending Plan Reserve				\$ 2,180,833,937
Accrued Actuarial Liability (AAL)				\$ 1,697,694,682
Funded Status				124.8%

	KE Y	ASSUMPTIONS		
Pay Go Monthly Premium for Actives	\$ 11.14	Claim and	d Other Expense Trends	
Additional Retiree Premiums	\$ 8,812,999	<u>Eligibility</u>	<u>Medical</u>	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ 18.62	Non-Medicare	9.0%	16.0%
		Medicare	9.0%	16.0%
		Prescription Drug Rebates		5.0%
		Capitations		9.5%
		Administrative Expense		3.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		0.0%

APPENDIX - BASELINE SCENARIO <u>RHBT - MEDICARE</u>

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2027

PERIOD 7/1/2026 - 6/30/2027

Medicare Retiree		Baseline Projection	Board Decision	Ending Projection
Revenues WV PEIA Pay Go Premiums Employer Premiums - PPB Employer Premiums - MCO	\$	3,846,214 4,851,394	646,825	\$ 3,846,214 5,498,219
Retiree Premiums - PPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)		43,499,781 - 1,202,226 19,750,886 97,526,804 14,213,540 18,450,201	5,799,723 -	49,299,504 - 1,202,226 19,750,886 97,526,804 14,213,540 18,450,201
Total Revenue	\$	203,341,046	\$ 6,446,548	\$ 209,787,594
Program Expenses Medicare Medical Claims Gross Medicare Prescription Drug Claims Medicare Prescription Drug Rebates Humana MAPD Program Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund	s	4,546,740 11,286,709 (3,232,236) 80,926,874 1,584,795 19,741,365 - 1,159,309 - 18,425	\$ - -	\$ 4,546,740 11,286,709 (3,232,236) 80,926,874 1,584,795 19,741,365 - 1,159,309 - 18,425
Total Expenses	\$	116,031,981	\$ -	\$ 116,031,981
Fiscal Year Results	\$	87,309,064		\$ 93,755,613
Beginning Restricted Reserve	\$	1,294,779,037		\$ 1,294,779,037
Ending Restricted Reserve	\$	1,382,088,102		\$ 1,388,534,650
Beginning Premium Stabilization Reserve	\$	14,213,541		\$ 14,213,541
PSR Addition/(Drawdown)	\$	(14,213,540)		\$ (14,213,540)
Ending Premium Stabilization Reserve	\$	0		\$ 0
Total Beginning Plan Reserve		1,308,992,578		1,308,992,578
Total Ending Plan Reserve	\$	1,382,088,102		\$ 1,388,534,650
Accrued Actuarial Liability (AAL)	\$	1,697,694,682		\$ 1,697,694,682
Funded Status		123.6%		123.8%

ILL I	ABBUTH HOLES		
\$ 11.14	Claim and C	Other Expense Trends	
\$ 6,446,548	Eligibility	Medical	Gross Drugs
\$ 7.83	Medicare	9.0%	16.0%
	Prescription Drug Rebates		5.0%
	Capitations		9.5%
	Administrative Expense		3.0%
1,200	Pay Go Monthly Premium		0.0%
\$ \$ \$	\$ 11.14 \$ 6,446,548 \$ 7.83	\$ 11.14 Claim and C \$ 6,446,548 Eligibility \$ 7.83 Medicare Prescription Drug Rebates Capitations Administrative Expense 1,200 Pay Go Monthly Premium	\$ 11.14 Claim and Other Expense Trends \$ 6,446,548 Eligibility Medical Medicare 9.0% Prescription Drug Rebates Capitations Administrative Expense

APPENDIX - BASELINE SCENARIO RHBT - NON-MEDICARE

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2027

PERIOD 7/1/2026 - 6/30/2027

aseline Board jection Decision	
53,786 36,609 484,097 71,654 47,208 81,619 1,739,728 153,316 95,418 52,253 115,599 20,212 08,781 49,799	518,862 19,121,348
2,366,451	\$ 118,310,079
45,121 \$ - 448,048 - 446,872) 23,144 08,561 10,434 - 228,969 - 22,838 72,121	\$ 77,445,121 52,048,048 (15,646,872) 4,623,144 2,708,561 10,710,434 - 628,969 - 22,838 172,121 \$ 132,712,364
(68,735)	\$ (14,402,285)
	\$ 806,701,568 \$ 792,299,283 \$ 2,908,781 \$ (2,908,781) \$ (0) 809,610,349 \$ 792,299,283 \$ -
	610,349 932,833 - N/A

	KE I	ASSUMI HONS		
Pay Go Monthly Premium for Actives	\$ 11.14	Claim and C	Other Expense Trends	
Additional Retiree Premiums	\$ 2,366,451	<u>Eligibility</u>	Medical	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ 134.14	Non-Medicare	9.0%	16.0%
		Prescription Drug Rebates		5.0%
		Capitations		9.5%
		Administrative Expense		3.0%
Number of Net New Retirees	(200)	Pay Go Monthly Premium		0.0%

APPENDIX - BASELINE SCENARIO RHBT - MEDICARE AND NON-MEDICARE

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2028

PERIOD 7/1/2027 - 6/30/2028

to	7/1/2027 12/31/2027	1	1/1/2028 to 6/30/2028		TRUST Total
\$	41,143,311 791,378 899,422 15,994,905 81,284,927 - 15,000,000	\$	41,230,117 791,378 899,422 15,994,905 81,284,927 - 15,000,000	\$	82,373,428 1,582,755 1,798,844 31,989,809 162,569,854 - 30,000,000
\$	155,113,942	\$	155,200,748	\$	310,314,690
\$	29,432,025 (8,024,408) 3,246,463 8,482,333 (2,202,114) 2,496,498 41,888,423 2,211,079 15,987,195 - 965,671 - 22,881 86,924		43,666,540 31,692,926 (8,569,100) 1,571,587 4,244,516 (1,089,919) 2,496,498 46,841,331 2,211,079 15,987,195 - 965,671 - 22,881 86,924	\$	85,473,791 61,124,951 (16,593,508) 4,818,050 12,726,848 (3,292,033) 4,992,996 88,729,754 4,422,157 31,974,389 - 1,931,341 - 45,763 173,847 276,528,347
\$	18,713,722	\$	15,072,621	\$	33,786,343
				\$ \$ \$ \$	2,180,833,937 2,214,620,280 - - 2,180,833,937 2,214,620,280 1,701,970,701
	\$ \$	\$ - 41,143,311	\$ - \$ 41,143,311 791,378 899,422 15,994,905 81,284,927 - 15,000,000 - \$ 155,113,942 \$ \$ 41,807,252 \$ 29,432,025 (8,024,408) 3,246,463 8,482,333 (2,202,114) 2,496,498 41,888,423 2,211,079 15,987,195 - 965,671 - 22,881 86,924 \$ 136,400,220 \$	\$ - \$ - \$ - \$ - \$ 41,143,311 41,230,117 791,378 791,378 899,422 899,422 15,994,905 15,994,905 81,284,927 81,284,927 15,000,000 15,000,000 \$ 155,113,942 \$ 155,200,748 \$ 41,807,252 \$ 43,666,540 29,432,025 31,692,926 (8,024,408) (8,569,100) 3,246,463 1,571,587 8,482,333 4,244,516 (2,202,114) (1,089,919) 2,496,498 41,888,423 46,841,331 2,211,079 2,211,079 15,987,195 965,671 965,671 965,671 22,881 86,924 \$ 86,924 \$ 136,400,220 \$ 140,128,127	\$ - \$ - \$ \$ - \$ \$ 41,143,311

	KE I	ASSUMI HONS			
Pay Go Monthly Premium for Actives	\$ -	Claim and Other Expense Trends			
Additional Retiree Premiums	\$ 4,274,974	Eligibility	<u>Medical</u>	Gross Drugs	
Pay Go PEPM Subsidy for Retirees	\$ -	Non-Medicare	9.5%	16.5%	
		Medicare	9.5%	16.5%	
		Prescription Drug Rebates		5.0%	
		Capitations		10.0%	
		Administrative Expense		3.0%	
Number of Net New Retirees	1,000	Pay Go Monthly Premium		-100.0%	

APPENDIX - BASELINE SCENARIO <u>RHBT - MEDICARE</u>

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2028

PERIOD 7/1/2027 - 6/30/2028

Medicare Retiree		Baseline Projection	Board Decision		Ending Projection
Revenues WV PEIA Pay Go Premiums Employer Premiums - PPB Employer Premiums - MCO Retiree Premiums - PPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$	5,512,099 - 49,423,962 - 1,166,159 20,738,430 103,508,054 - 18,911,679	428,937 - 3,846,038 -	\$	5,941,036 - 53,270,000 - 1,166,159 20,738,430 103,508,054 - 18,911,679
Total Revenue	\$	199,260,383	\$ 4,274,974	\$	203,535,357
Program Expenses Medicare Medical Claims Gross Medicare Prescription Drug Claims Medicare Prescription Drug Rebates Humana MAPD Program Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund	\$	4,818,050 12,726,848 (3,292,033) 88,729,754 1,632,339 20,728,433 - 1,252,054 - 24,027	\$ -	\$	4,818,050 12,726,848 (3,292,033) 88,729,754 1,632,339 20,728,433 - 1,252,054 - 24,027
Total Expenses	\$	126,619,472	\$ -	\$	126,619,472
Fiscal Year Results	\$	72,640,910		\$	76,915,885
Beginning Restricted Reserve Ending Restricted Reserve	\$ \$	1,388,534,650 1,461,175,560		\$ \$	1,388,534,650 1,465,450,535
Beginning Premium Stabilization Reserve	\$	0		\$	0
PSR Addition/(Drawdown)	\$	-		\$	-
Ending Premium Stabilization Reserve	\$	0		\$	0
Total Beginning Plan Reserve		1,388,534,650			1,388,534,650
Total Ending Plan Reserve	\$	1,461,175,560		\$	1,465,450,535
Accrued Actuarial Liability (AAL)	\$	1,701,970,701		\$	1,701,970,701
Funded Status		125.6%			125.6%

	IXL I	ABBUMI HONS		
Pay Go Monthly Premium for Actives	\$ -	Claim and O	ther Expense Trends	
Additional Retiree Premiums	\$ 4,274,974	<u>Eligibility</u>	Medical	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ -	Medicare	9.5%	16.5%
		Prescription Drug Rebates		5.0%
		Capitations		10.0%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		-100.0%

APPENDIX - BASELINE SCENARIO RHBT - NON-MEDICARE

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2028

PERIOD 7/1/2027 - 6/30/2028

Non-Medicare Retiree		Baseline Projection	Board Decision		Ending Projection
Revenues WV PEIA Pay Go Premiums Employer Premiums - PPB Employer Premiums - MCO Retiree Premiums - PPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$	5,042,141 523,880 18,120,252 1,058,876 632,685 11,251,379 59,061,801	-	\$	5,042,141 523,880 18,120,252 1,058,876 632,685 11,251,379 59,061,801 - 11,088,321
Total Revenue	\$	106,779,334	\$ -	\$	106,779,334
Program Expenses Non-Medicare Medical Claims Gross Non-Medicare Prescription Drug Claims Non-Medicare Prescription Drug Rebates Non-Medicare Managed Care Capitations Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund Total Expenses	\$	85,473,791 61,124,951 (16,593,508) 4,992,996 2,789,818 11,245,956 - 679,286 - 21,736 173,847 149,908,873	\$	\$	85,473,791 61,124,951 (16,593,508) 4,992,996 2,789,818 11,245,956 - 679,286 - 21,736 173,847
Fiscal Year Results	\$	(43,129,539)		\$	(43,129,539)
Beginning Restricted Reserve Ending Restricted Reserve Beginning Premium Stabilization Reserve PSR Addition/(Drawdown) Ending Premium Stabilization Reserve Total Beginning Plan Reserve Total Ending Plan Reserve	\$ \$ \$ \$	792,299,283 749,169,744 (0) - (0) 792,299,283 749,169,744		\$ \$ \$ \$	792,299,283 749,169,744 (0) - (0) 792,299,283 749,169,744
Accrued Actuarial Liability (AAL)	\$	-		\$	-
Funded Status		N/A			N/A

	IXL	ABBUMI HONS			
Pay Go Monthly Premium for Actives	\$ -	Claim and Other Expense Trends			
Additional Retiree Premiums	\$ -	Eligibility	Medical	Gross Drugs	
Pay Go PEPM Subsidy for Retirees	\$ -	Non-Medicare	9.5%	16.5%	
		Prescription Drug Rebates		5.0%	
		Capitations		10.0%	
		Administrative Expense		3.0%	
Number of Net New Retirees	(200)	Pay Go Monthly Premium		-100.0%	

APPENDIX - BASELINE SCENARIO RHBT - MEDICARE AND NON-MEDICARE

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2029

PERIOD 7/1/2028 - 6/30/2029

	to	7/1/2028 12/31/2028	1/1/2029 to 6/30/2029	TRUST Total
Revenues WV PEIA Pay Go Premiums Retiree Premiums - PPB Retiree Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$	43,721,889 970,640 872,440 16,794,650 82,600,370 - 15,000,000	\$ 50,111,975 970,640 872,440 16,794,650 82,600,370 - 15,000,000	\$ 93,833,864 1,941,281 1,744,879 33,589,299 165,200,739 - 30,000,000
Total Revenue	\$	159,959,988	\$ 166,350,074	\$ 326,310,062
Program Expenses Non-Medicare Medical Claims Gross Non-Medicare Prescription Drug Claims Non-Medicare Prescription Drug Rebates Medicare Medical Claims Gross Medicare Prescription Drug Claims Medicare Prescription Drug Rebates Non-Medicare Managed Care Capitations Humana MAPD Program Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund Total Expenses	s	46,299,312 34,675,437 (8,509,885) 3,453,188 9,598,463 (2,242,853) 2,696,218 46,026,262 2,277,411 16,786,555 - 1,042,924 - 25,133 87,794	48,467,279 37,418,171 (9,087,530) 1,675,738 4,814,027 (1,110,082) 2,696,218 51,702,377 2,277,411 16,786,555 - 1,042,924 - 25,133 87,794 156,796,013	\$ 94,766,591 72,093,608 (17,597,415) 5,128,925 14,412,490 (3,352,935) 5,392,435 97,728,639 4,554,821 33,573,109 - 2,085,848 - 50,267 175,588 309,011,971
Fiscal Year Results	\$	7,744,030	\$ 9,554,061	\$ 17,298,091
Beginning Restricted Reserve Ending Restricted Reserve Beginning Premium Stabilization Reserve PSR Addition/(Drawdown) Ending Premium Stabilization Reserve Total Beginning Plan Reserve Total Ending Plan Reserve				\$ 2,214,620,280 2,231,918,370 - - - - 2,214,620,280 2,231,918,370
Accrued Actuarial Liability (AAL) Funded Status				\$ 1,699,217,819 130.3%

	KE I	ASSUMI HONS		
Pay Go Monthly Premium for Actives	\$ -	Claim and C	ther Expense Trends	
Additional Retiree Premiums	\$ 12,925,935	Eligibility	<u>Medical</u>	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ -	Non-Medicare	10.0%	17.0%
		Medicare	10.0%	17.0%
		Prescription Drug Rebates		5.0%
		Capitations		10.5%
		Administrative Expense		3.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		0.0%

$\frac{\text{APPENDIX - BASELINE SCENARIO}}{\text{RHBT - MEDICARE}}$

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2029

PERIOD 7/1/2028 - 6/30/2029

Medicare Retiree		Baseline Projection	Board Decision		Ending Projection
Revenues WV PEIA Pay Go Premiums Employer Premiums - PPB Employer Premiums - MCO Retiree Premiums - MCO Non Par Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$	5,955,741 53,401,850 - 1,131,174 21,775,351 109,316,037 - 19,758,901	808,341 - 7,247,948 -	\$	6,764,081
Total Revenue	\$	211,339,054	\$ 8,056,289	\$	219,395,343
Program Expenses Medicare Medical Claims Gross Medicare Prescription Drug Claims Medicare Prescription Drug Rebates Humana MAPD Program Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund	\$	5,128,925 14,412,490 (3,352,935) 97,728,639 1,681,309 21,764,855 - 1,352,218 - 29,628	\$ 	\$	5,128,925 14,412,490 (3,352,935) 97,728,639 1,681,309 21,764,855 - 1,352,218 - 29,628
Total Expenses	\$	138,745,129	\$ -	\$	138,745,129
Fiscal Year Results	\$	72,593,925		\$	80,650,214
Beginning Restricted Reserve Ending Restricted Reserve	\$ <u>\$</u>	1,465,450,535 1,538,044,459		\$ \$	1,465,450,535 1,546,100,748
Beginning Premium Stabilization Reserve	\$	0		\$	0
PSR Addition/(Drawdown)	\$	-		\$	-
Ending Premium Stabilization Reserve	\$	0		\$	0
Total Beginning Plan Reserve		1,465,450,535			1,465,450,535
Total Ending Plan Reserve	\$	1,538,044,460		\$	1,546,100,748
Accrued Actuarial Liability (AAL)	\$	1,699,217,819		\$	1,699,217,819
Funded Status		126.3%			126.6%

	KEI	ASSUMI HONS		
Pay Go Monthly Premium for Actives	\$ -	Claim and Otl	her Expense Trends	
Additional Retiree Premiums	\$ 8,056,289	<u>Eligibility</u>	Medical	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ -	Medicare	10.0%	17.0%
		Prescription Drug Rebates		5.0%
		Capitations		10.5%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		0.0%

APPENDIX - BASELINE SCENARIO RHBT - NON-MEDICARE

WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST FINANCIAL FORECAST FISCAL YEAR 2029

PERIOD 7/1/2028 - 6/30/2029

Non-Medicare Retiree		Baseline Projection	Board Decision		Ending Projection
Revenues WV PEIA Pay Go Premiums Employer Premiums - PPB Employer Premiums - MCO Retiree Premiums - MCO Non Par Premiums - MCO Non Par Premiums Life Insurance Investment Income Transfer from Premium Stabilization Reserve General Revenue Transfer (OPEB Funding) General Revenue Transfer (Premium Offset)	\$	4,763,777 532,223 17,119,880 1,075,739 613,705 11,813,948 55,884,703 - 10,241,099	987,497 110,326 3,548,830 222,993	\$	5,751,275 642,549 20,668,710 1,298,732 613,705 11,813,948 55,884,703 - 10,241,099
Total Revenue	\$	102,045,074	\$ 4,869,647	\$	106,914,720
Program Expenses Non-Medicare Medical Claims Gross Non-Medicare Prescription Drug Claims Non-Medicare Prescription Drug Rebates Non-Medicare Managed Care Capitations Administration Life Insurance Wellness Retiree Assistance Program ACA Reinsurance Contributions ACA PCORI Fees Director's Discretionary Fund	\$	94,766,591 72,093,608 (17,597,415) 5,392,435 2,873,512 11,808,253 - 733,629 - 20,639 175,588 170,266,840	\$ -	\$	94,766,591 72,093,608 (17,597,415) 5,392,435 2,873,512 11,808,253 - 733,629 - 20,639 175,588
Total Expenses	\$	170,266,840	\$ -	\$	170,266,840
Fiscal Year Results	\$	(68,221,766)		\$	(63,352,119)
Beginning Restricted Reserve Ending Restricted Reserve	\$ <u>\$</u>	749,169,744 680,947,978		\$ <u>\$</u>	749,169,744 685,817,625
Beginning Premium Stabilization Reserve	\$	(0)		\$	(0)
PSR Addition/(Drawdown)	\$	-		\$	-
Ending Premium Stabilization Reserve	\$	(0)		\$	(0)
Total Beginning Plan Reserve Total Ending Plan Reserve	\$	749,169,744 680,947,978		\$	749,169,744 685,817,625
Accrued Actuarial Liability (AAL)	\$	-		\$	-
Funded Status	Ψ	N/A		9	N/A

	KEI	ASSUMI HONS		
Pay Go Monthly Premium for Actives	\$ -	Claim and O	ther Expense Trends	
Additional Retiree Premiums	\$ 4,869,647	Eligibility	Medical	Gross Drugs
Pay Go PEPM Subsidy for Retirees	\$ -	Non-Medicare	10.0%	17.0%
		Prescription Drug Rebates		5.0%
		Capitations		10.5%
		Administrative Expense		3.0%
Number of Net New Retirees	(200)	Pay Go Monthly Premium		0.0%

Attachment - Trust Fund Historical Monthly Medical and Drug Trends FY 2024 to FY 2025

					Fiscal	Year 2024						
Exposure												
	<u>Jul-23</u>	<u>Aug-23</u>	<u>Sep-23</u>	Oct-23	Nov-23	<u>Dec-23</u>	<u>Jan-24</u>	<u>Feb-24</u>	<u>Mar-24</u>	<u> Apr-24</u>	<u>May-24</u>	<u>Jun-24</u>
NonMed_NonDrug	10,830	10,970	10,898	10,754	10,700	10,551	10,443	10,356	10,207	10,129	10,004	9,824
Med_NonDrug	1,238	1,353	1,530	1,696	1,827	1,989	226	552	716	843	983	1,165
NonMed_Drug	10,045	10,176	10,108	9,976	9,926	9,788	9,690	9,609	9,471	9,399	9,282	9,118
Med_Drug	1,290	1,410	1,593	1,767	1,903	2,072	236	575	746	879	1,024	1,213
	Jul-23	<u>Aug-23</u>	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
NonMed_NonDrug	\$369.30	\$385.72	\$541.89	\$468.57	\$469.41	\$438.48	\$477.87	\$442.07	\$445.94	\$462.95	\$525.52	\$452.91
Med_NonDrug	295.35	294.90	208.15	272.38	215.48	204.21	529.62	267.54	231.40	212.24	286.05	178.46
NonMed_Drug	248.41	297.01	277.63	311.61	309.27	299.69	316.24	289.20	300.97	349.94	355.73	350.53
Med_Drug	471.51	510.47	473.87	508.42	498.52	480.65	633.85	272.41	301.46	414.63	433.62	327.41
Total	\$1,384.58	\$1,488.10	\$1,501.53	\$1,560.97	\$1,492.67	\$1,423.03	\$1,957.57	\$1,271.22	\$1,279.78	\$1,439.75	\$1,600.93	\$1,309.31
Change From Prior	Year - Mont	h to Month	Analysis									
NonMed_NonDrug	22.5%	19.8%	63.8%	41.6%	57.9%	50.8%	28.2%	26.7%	9.5%	-48.2%	22.0%	9.8%
Med_NonDrug	11.2%	7.5%	-27.4%	0.1%	-8.4%	-22.2%	9.6%	-30.8%	-35.6%	47.0%	87.3%	-16.6%
NonMed_Drug	13.5%	10.6%	3.3%	40.0%	30.7%	12.6%	22.3%	20.2%	13.4%	39.1%	17.2%	11.7%
Med_Drug	<u>27.3%</u>	<u>29.2%</u>	<u>20.1%</u>	<u>43.6%</u>	<u>39.1%</u>	<u>30.0%</u>	<u>61.1%</u>	<u>-41.3%</u>	<u>-36.5%</u>	<u>6.8%</u>	<u>19.3%</u>	<u>-11.9%</u>
Total	19.7%	18.1%	17.2%	32.3%	32.4%	19.6%	29.8%	-11.7%	-15.1%	-14.2%	28.1%	-0.2%
Change From Prior	Year - Quar	ter to Quart	•	i								
NonMed_NonDrug			35.9%			49.8%			21.0%			-17.0%
Med_NonDrug			-3.4%			-10.1%			-16.3%			32.4%
NonMed_Drug			8.8%			26.9%			18.5%			21.6%
Med_Drug			<u>25.5%</u>			<u>37.5%</u>			<u>-9.3%</u>			4.7%
Total			18.3%			28.0%			1.2%			2.6%
Change From Prior	Year - Year	to Year An	•			o= 404			10.10/			401
NonMed_NonDrug			26.0%			37.1%			40.1%			15.7%
Med_NonDrug			-25.5%			-29.8%			-23.6%			-4.2%
NonMed_Drug			2.9%			10.3%			15.2%			19.0%
Med_Drug			<u>-3.8%</u>			8.3% 5.40/			6.1%			<u>13.4%</u>
Total			-1.1%			5.1%			9.2%			11.5%

Continuing Care Actuaries Attachment 1

Attachment - Trust Fund Historical Monthly Medical and Drug Trends FY 2024 to FY 2025

Med_NonDrug NonMed_Drug Med_Drug Med_Drug Med_NonDrug Med_NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug Total Change From Prior			
NonMed_NonDrug Med_NonDrug NonMed_Drug Med_Drug NonMed_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_Drug Total Change From Prior			
Med_NonDrug NonMed_Drug Med_Drug Med_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_NonDrug Total Change From Prior		Jul-24 Aug-24	
NonMed_Drug Med_Drug Med_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug Med_Drug Total Change From Prior	10,056	10,056 10,133	10,049
Med_Drug NonMed_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug Total Change From Prior	1,210	1,210 1,370	1,484
NonMed_NonDrug Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_NonDrug Med_Drug Total Change From Prior	9,334	9,334 9,405	9,328
Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior NonMed_Drug Total Change From Prior	1,260	1,260 1,427	1,546
Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior NonMed_Drug Total Change From Prior			
Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior NonMed_Drug Total Change From Prior	lul-24	<u>Jul-24</u> <u>Aug-24</u>	<u>Sep-24</u>
Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior NonMed_Drug Total Change From Prior			
NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior	255.98		
Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior	369.41		
Total Change From Prior NonMed_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior NonMed_Drug Total Change From Prior			
Change From Prior NonMed_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior	593.37		
NonMed_NonDrug Med_NonDrug NonMed_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior	ф1,565.49	585.49 \$1,624.67	φ1,577.44
NonMed_NonDrug Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior	r Year - Mon	- Month to Month	Analysis
Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior		-0.7% 11.4%	•
NonMed_Drug Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior	-13.3%		
Med_Drug Total Change From Prior NonMed_NonDrug Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior		48.7% 22.8%	
Total Change From Prior NonMed_NonDrug Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior		<u>25.8%</u> <u>7.1%</u>	
NonMed_NonDrug Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior		14.5% 9.2%	
Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior			
Med_NonDrug NonMed_Drug Med_Drug Total Change From Prior			-2.2%
NonMed_Drug Med_Drug Total Change From Prior			-2.9%
Med_Drug Total Change From Prior			29.9%
Total Change From Prior			15.0%
Change From Prior			9.5%
•	r Year - Year	- Year to Year Ar	
NonMed_NonDrug			7.3%
Med_NonDrug			-4.1%
NonMed_Drug			24.2%
Med_Drug			11.0%
Total			9.4%

Continuing Care Actuaries Attachment 2