

STATE OF WEST VIRGINIA



RETIREE HEALTH BENEFIT TRUST FUND

**Quarterly Report
March 31, 2024**

Fiscal Years 2024-2028

Report Date: August 2024

YOUR ACTUARIES FOR THE LONG-TERM!



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Finance Board
West Virginia Retiree Health Benefit Trust Fund
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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 2028. 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”) and June 30, 2028 (“FY 2028”). 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 2028 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 2028 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



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

West Virginia Retiree Health Benefit Trust Fund

Report of Independent Actuary

Financial Plan for FY 2024 – FY 2028

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 May 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 decrease of 240 policy from the end of FY 2023 to June 2024. Continuing Care Actuaries has updated the claims analysis based on the enrollment through June 2024.

In aggregate, June 2024 enrollment has decreased by 240 coverage since the end of FY 2023. Aggregate Preferred Provider Benefit (“PPB”) enrollment has decreased by 231 in total over the same period, while managed care enrollment continues to cover fewer participants, with a decrease of 9 coverages. For MAPD Capitations, the average of 52,455 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 2022, June 2023, and June 2024 for purposes of comparison:

Trust Fund	Coverage	Preferred Provider Benefit*			Managed Care		
		Jun-22	Jun-23	Jun-24	Jun-22	Jun-23	Jun-24
Retirees	Medicare Single	21,810	21,993	22,166	-	-	-
	Medicare Family	16,085	16,042	15,891	-	-	-
	Medicare Total	37,895	38,035	38,057	-	-	-
	Non-Medicare Single	2,161	1,991	1,899	109	87	85
	Non-Medicare Family	2,497	2,303	2,142	99	89	82
	Non-Medicare Total	4,658	4,294	4,041	208	176	167
	Retiree Total	42,553	42,329	42,098	208	176	167
	Grand Total				42,761	42,505	42,265

* The majority of PPB is capitated through Humana. As of June 2024, there are approximately 859 Medicare retiree coverages under PEIA.

B. Changes in Claim Backlog

Detail of the medical claim backlog is presented in the PEIA report titled “PEIA Quarterly Report March 31, 2024 Fiscal Years 2024-2028 Report”.

C. Trend Analysis

RHBT experienced a lower medical trend and a lower prescription drugs trend in FY 2023, 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 FY2023 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 FY 2024 medical claim trend is 7.5%, the gross prescription drugs claim trend is 14.5% and the prescription drugs rebate trend is 5.0%. In 2024, 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 2024 Trend	Updated Assumption FY 2024 Trend
Non-Medicare – Medical	7.5%	7.5%
Medicare – Medical	7.5%	7.5%
Non-Medicare – Gross Drugs	14.5%	14.5%
Medicare – Gross Drugs	14.5%	14.5%
Prescription Drugs Rebate	15.0%	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 2025 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 May 2024. It is important to note that these trends have not 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)

<u>Fiscal Year</u>	<u>Medical Medicare</u>	<u>Medical Non-Medicare</u>	<u>Drugs Medicare</u>	<u>Drugs 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	-25%	18%	-11%	2%	9%
2024*	-12%	11%	18%	25%	14%

* Fiscal year 2024 results are through the eleven months ending May 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 May 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 projection of FY 2024 claims and expenses are summarized in the following chart. It should be noted that the chart reflects per policy information.

Fiscal Year 2024 Projection			Revenue		Expenses		
Fund	Program	Policies	Monthly Employer Premiums	Monthly Employee Premiums	Monthly Medical Costs	Monthly Drugs Costs*	Monthly Capitation Costs
Retiree	Medicare Humana and Express Scripts	38,200			\$ 272**	\$ 332**	\$ 109
	<u>Non-Medicare</u>	<u>4,284</u>			\$ 1,168	\$ 422	
	Total	42,484	\$0	\$129			
	<u>Non-Medicare Managed Care</u>	<u>172</u>	\$0	\$606			\$ 1,778
	Total	42,656					

*Net of rebates and subsidies.

** As of June 2024, there are approximately 859 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

Source	Fiscal Year 2024	Fiscal Year 2025	Fiscal Year 2026	Fiscal Year 2027	Fiscal Year 2028
Additional Non-Medicare Retiree Premium (Fiscal Year)	\$0	\$2,095,400	\$2,194,048	\$2,292,236	\$0
Additional Medicare Retiree Premium (Calendar Year)	\$0	\$0	\$6,209,629	\$6,982,294	\$0
General Revenue Transfer (OPEB Funding)	\$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
Benefit Reductions and Savings / (Increase) - Retiree Non-Medicare	\$0	\$0	\$0	\$0	\$0
Board Decision Benefit Reduction – Retiree Medicare	\$0	\$0	\$0	\$0	\$0
Benefit Reductions / (Increase) - Humana MAPD (Calendar Year)	\$0	\$0	\$0	\$0	\$0
Pay Go Premium Transfer	\$0	\$29,000,000	\$10,000,000	\$10,000,000	\$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
Funded Status	109.7%	116.9%	121.3%	124.1%	126.8%

*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 \$1,931,341 in FY 2028, 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 FORECAST

The financial forecast for FY 2024 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2024 projects accrued revenue of \$406,401,760 and incurred plan expenses of \$176,055,390 to produce a fiscal year surplus of \$230,346,371 after the Premium Stabilization Reserve drawdown of \$80,761,427. The PEIA local and state agencies Pay Go premiums for FY 2024 are assumed to be \$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 \$377,823,754 and incurred plan expenses of \$203,059,535 to produce a fiscal year surplus of \$174,764,219 after the Premium Stabilization Reserve drawdown of \$76,965,720. 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 \$414,458,867 and incurred plan expenses of \$232,367,838 to produce a fiscal year surplus of \$182,091,029 after the Premium Stabilization Reserve drawdown of \$118,962,426. 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 \$314,814,674 and incurred plan expenses of \$257,121,082 to produce a fiscal year surplus of \$57,693,592 after the Premium Stabilization Reserve drawdown of \$5,416,931. 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 \$308,004,540 and incurred plan expenses of \$285,977,689 to produce a fiscal year surplus of \$22,026,852 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.

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 2028. 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 FORECAST
FISCAL YEAR 2024**

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

	7/1/2023 to 12/31/2023	1/1/2024 to 6/30/2024	TRUST Total
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ -	\$ -	\$ -
Retiree Premiums - PPB	32,883,721	32,809,854	65,693,575
Retiree Premiums - MCO	630,149	620,224	1,250,373
Non Par Premiums	1,015,960	1,015,960	2,031,920
Life Insurance	13,159,048	13,159,048	26,318,095
Investment Income	100,173,185	100,173,185	200,346,371
Transfer from Premium Stabilization Reserve	42,355,710	38,405,717	80,761,427
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 205,217,773	\$ 201,183,988	\$ 406,401,760
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 30,369,530	\$ 29,665,134	\$ 60,034,664
Gross Non-Medicare Prescription Drug Claims	17,418,581	17,564,006	34,982,587
Non-Medicare Prescription Drug Rebates	(6,608,542)	(6,663,716)	(13,272,258)
Medicare Medical Claims	2,590,235	1,253,601	3,843,837
Gross Medicare Prescription Drug Claims	5,246,259	2,625,917	7,872,176
Medicare Prescription Drug Rebates	(1,990,411)	(996,263)	(2,986,673)
Non-Medicare Managed Care Capitations	1,835,001	1,835,001	3,670,001
Humana MAPD Program	23,281,222	26,593,549	49,874,771
Administration	2,117,742	2,117,742	4,235,483
Life Insurance	13,152,705	13,152,705	26,305,409
Wellness	-	-	-
Retiree Assistance Program	709,797	709,797	1,419,593
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	16,243	16,243	32,485
Director's Discretionary Fund	21,658	21,658	43,315
Total Expenses	\$ 88,160,019	\$ 87,895,371	\$ 176,055,390
Fiscal Year Results	\$ 117,057,754	\$ 113,288,616	\$ 230,346,371
Beginning Restricted Reserve			\$ 1,513,559,482
Ending Restricted Reserve			<u>\$ 1,743,905,853</u>
Beginning Premium Stabilization Reserve			\$ 282,106,504
PSR Addition/(Drawdown)			\$ (80,761,427)
Ending Premium Stabilization Reserve			<u>\$ 201,345,077</u>
Total Beginning Plan Reserve			1,795,665,986
Total Ending Plan Reserve			<u>\$ 1,945,250,930</u>
Accrued Actuarial Liability (AAL)			\$ 1,637,416,883
Funded Status			109.7%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		Eligibility	Medical	Gross Drugs
Pay Go Monthly Premium for Actives	\$ -			
Additional Retiree Premiums	\$ 619,845			
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		-10.4%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		-100.0%

**APPENDIX - BASELINE SCENARIO
RHBT - MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2024**

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

Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ -		\$ -
Employer Premiums - PPB	4,591,031	(237,130)	4,353,901
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	39,323,817	572,922	39,896,739
Retiree Premiums - MCO	-	-	-
Non Par Premiums	1,317,258		1,317,258
Life Insurance	17,061,558		17,061,558
Investment Income	115,403,573		115,403,573
Transfer from Premium Stabilization Reserve	67,082,621		67,082,621
General Revenue Transfer (OPEB Funding)	15,570,843		15,570,843
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 260,350,701	\$ 335,792	\$ 260,686,493
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 3,843,837	\$ -	\$ 3,843,837
Gross Medicare Prescription Drug Claims	7,872,176	-	7,872,176
Medicare Prescription Drug Rebates	(2,986,673)		(2,986,673)
Humana MAPD Program	49,874,771		49,874,771
Administration	1,563,432		1,563,432
Life Insurance	17,053,333		17,053,333
Wellness	-		-
Retiree Assistance Program	920,297		920,297
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	5,866		5,866
Director's Discretionary Fund	-		-
Total Expenses	\$ 78,147,039	\$ -	\$ 78,147,039
Fiscal Year Results	\$ 182,203,662		\$ 182,539,454
Beginning Restricted Reserve	\$ 813,567,531		\$ 813,567,531
Ending Restricted Reserve	<u>\$ 995,771,193</u>		<u>\$ 996,106,985</u>
Beginning Premium Stabilization Reserve	\$ 220,772,496		\$ 220,772,496
PSR Addition/(Drawdown)	\$ (67,082,621)		\$ (67,082,621)
Ending Premium Stabilization Reserve	<u>\$ 153,689,875</u>		<u>\$ 153,689,875</u>
Total Beginning Plan Reserve	1,034,340,027		1,034,340,027
Total Ending Plan Reserve	<u>\$ 1,149,461,068</u>		<u>\$ 1,149,796,860</u>
Accrued Actuarial Liability (AAL)	\$ 1,637,416,883		\$ 1,637,416,883
Funded Status	111.7%		111.7%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go Monthly Premium for Actives	\$ -			
Additional Retiree Premiums	\$ 335,792			
Pay Go PEPM Subsidy for Retirees	\$ -	Medicare	7.5%	14.5%
		Prescription Drug Rebates		0.0%
		Capitations		12.4%
		Administrative Expense		-10.4%
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 2024**

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

Non-Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ -		\$ -
Employer Premiums - PPB	4,747,866	(258,002)	4,489,863
Employer Premiums - MCO	439,324	(33,811)	405,512
Retiree Premiums - PPB	16,398,248	554,824	16,953,072
Retiree Premiums - MCO	823,818	21,043	844,860
Non Par Premiums	714,662		714,662
Life Insurance	9,256,537		9,256,537
Investment Income	84,942,798		84,942,798
Transfer from Premium Stabilization Reserve	13,678,806		13,678,806
General Revenue Transfer (OPEB Funding)	14,429,157		14,429,157
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 145,431,215	\$ 284,053	\$ 145,715,268
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 60,034,664	\$ -	\$ 60,034,664
Gross Non-Medicare Prescription Drug Claims	34,982,587	-	34,982,587
Non-Medicare Prescription Drug Rebates	(13,272,258)		(13,272,258)
Non-Medicare Managed Care Capitations	3,670,001		3,670,001
Administration	2,672,051		2,672,051
Life Insurance	9,252,076		9,252,076
Wellness	-		-
Retiree Assistance Program	499,296		499,296
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	26,619		26,619
Director's Discretionary Fund	43,316		43,316
Total Expenses	\$ 97,908,353	\$ -	\$ 97,908,353
Fiscal Year Results	\$ 47,522,862		\$ 47,806,915
Beginning Restricted Reserve	\$ 699,991,950		\$ 699,991,950
Ending Restricted Reserve	<u>\$ 747,514,812</u>		<u>\$ 747,798,865</u>
Beginning Premium Stabilization Reserve	\$ 61,334,008		\$ 61,334,008
PSR Addition/(Drawdown)	\$ (13,678,806)		\$ (13,678,806)
Ending Premium Stabilization Reserve	<u>\$ 47,655,202</u>		<u>\$ 47,655,202</u>
Total Beginning Plan Reserve	761,325,958		761,325,958
Total Ending Plan Reserve	<u>\$ 795,170,014</u>		<u>\$ 795,454,068</u>
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go Monthly Premium for Actives	\$ -			
Additional Retiree Premiums	\$ 284,053			
Pay Go PEPM Subsidy for Retirees	\$ -	Non-Medicare	7.5%	14.5%
		Prescription Drug Rebates		0.0%
		Capitations		12.4%
		Administrative Expense		-10.4%
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 to 12/31/2024	1/1/2025 to 6/30/2025	TRUST Total
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 14,500,000	\$ 14,500,000	\$ 29,000,000
Retiree Premiums - PPB	33,045,560	33,117,300	66,162,860
Retiree Premiums - MCO	662,997	662,997	1,325,994
Non Par Premiums	985,481	985,481	1,970,962
Life Insurance	13,817,000	13,817,000	27,634,000
Investment Income	72,382,109	72,382,109	144,764,219
Transfer from Premium Stabilization Reserve	40,262,432	36,703,289	76,965,720
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 190,655,578	\$ 187,168,176	\$ 377,823,754
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 33,018,374	\$ 32,327,253	\$ 65,345,628
Gross Non-Medicare Prescription Drug Claims	20,169,447	20,382,073	40,551,520
Non-Medicare Prescription Drug Rebates	(7,008,359)	(7,066,870)	(14,075,230)
Medicare Medical Claims	2,704,934	1,312,357	4,017,291
Gross Medicare Prescription Drug Claims	5,834,824	2,927,305	8,762,129
Medicare Prescription Drug Rebates	(2,027,233)	(1,014,694)	(3,041,927)
Non-Medicare Managed Care Capitations	1,981,801	1,981,801	3,963,601
Humana MAPD Program	26,143,436	37,669,681	63,813,116
Administration	2,181,274	2,181,274	4,362,547
Life Insurance	13,810,340	13,810,340	27,620,679
Wellness	-	-	-
Retiree Assistance Program	766,580	766,580	1,533,160
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	16,189	16,189	32,378
Director's Discretionary Fund	87,322	87,322	174,643
Total Expenses	\$ 97,678,927	\$ 105,380,609	\$ 203,059,535
Fiscal Year Results	\$ 92,976,651	\$ 81,787,567	\$ 174,764,219
Beginning Restricted Reserve			\$ 1,743,905,853
Ending Restricted Reserve			<u>\$ 1,918,670,072</u>
Beginning Premium Stabilization Reserve			\$ 201,345,077
PSR Addition/(Drawdown)			\$ (76,965,720)
Ending Premium Stabilization Reserve			<u>\$ 124,379,357</u>
Total Beginning Plan Reserve			1,945,250,930
Total Ending Plan Reserve			<u>\$ 2,043,049,429</u>
Accrued Actuarial Liability (AAL)			\$ 1,664,331,633
Funded Status			116.9%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 32.40	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 2,705,209	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
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
RHBT - MEDICARE**

**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
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 9,009,097		\$ 9,009,097
Employer Premiums - PPB	4,434,565	39,246	4,473,811
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	39,543,642	570,563	40,114,205
Retiree Premiums - MCO	-	-	-
Non Par Premiums	1,277,740		1,277,740
Life Insurance	17,914,635		17,914,635
Investment Income	85,567,081		85,567,081
Transfer from Premium Stabilization Reserve	63,814,902		63,814,902
General Revenue Transfer (OPEB Funding)	18,065,840		18,065,840
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 239,627,502	\$ 609,809	\$ 240,237,311
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 4,017,291	\$ -	\$ 4,017,291
Gross Medicare Prescription Drug Claims	8,762,129	-	8,762,129
Medicare Prescription Drug Rebates	(3,041,927)		(3,041,927)
Humana MAPD Program	63,813,116		63,813,116
Administration	1,610,335		1,610,335
Life Insurance	17,906,000		17,906,000
Wellness	-		-
Retiree Assistance Program	993,921		993,921
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	7,949		7,949
Director's Discretionary Fund	-		-
Total Expenses	\$ 94,068,815	\$ -	\$ 94,068,815
Fiscal Year Results	\$ 145,558,687		\$ 146,168,496
Beginning Restricted Reserve	\$ 996,106,985		\$ 996,106,985
Ending Restricted Reserve	<u>\$ 1,141,665,672</u>		<u>\$ 1,142,275,481</u>
Beginning Premium Stabilization Reserve	\$ 153,689,875		\$ 153,689,875
PSR Addition/(Drawdown)	\$ (63,814,902)		\$ (63,814,902)
Ending Premium Stabilization Reserve	<u>\$ 89,874,973</u>		<u>\$ 89,874,973</u>
Total Beginning Plan Reserve	1,149,796,860		1,149,796,860
Total Ending Plan Reserve	<u>\$ 1,231,540,645</u>		<u>\$ 1,232,150,454</u>
Accrued Actuarial Liability (AAL)	\$ 1,664,331,633		\$ 1,664,331,633
Funded Status	117.7%		117.8%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go Monthly Premium for Actives	\$ 32.40			
Additional Retiree Premiums	\$ 609,809			
Pay Go PEPM Subsidy for Retirees	\$ 19.40	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
RHBT - NON-MEDICARE**

**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
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 19,990,903		\$ 19,990,903
Employer Premiums - PPB	4,266,824	429,729	4,696,553
Employer Premiums - MCO	398,735	40,158	438,893
Retiree Premiums - PPB	15,333,947	1,544,344	16,878,291
Retiree Premiums - MCO	805,931	81,169	887,100
Non Par Premiums	693,222		693,222
Life Insurance	9,719,364		9,719,364
Investment Income	59,197,138		59,197,138
Transfer from Premium Stabilization Reserve	13,150,818		13,150,818
General Revenue Transfer (OPEB Funding)	11,934,160		11,934,160
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 135,491,042	\$ 2,095,400	\$ 137,586,442
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 65,345,628	\$ -	\$ 65,345,628
Gross Non-Medicare Prescription Drug Claims	40,551,520	-	40,551,520
Non-Medicare Prescription Drug Rebates	(14,075,230)		(14,075,230)
Non-Medicare Managed Care Capitations	3,963,601		3,963,601
Administration	2,752,212		2,752,212
Life Insurance	9,714,679		9,714,679
Wellness	-		-
Retiree Assistance Program	539,240		539,240
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	24,429		24,429
Director's Discretionary Fund	174,643		174,643
Total Expenses	\$ 108,990,722	\$ -	\$ 108,990,722
Fiscal Year Results	\$ 26,500,321		\$ 28,595,720
Beginning Restricted Reserve	\$ 747,798,865		\$ 747,798,865
Ending Restricted Reserve	<u>\$ 774,299,186</u>		<u>\$ 776,394,586</u>
Beginning Premium Stabilization Reserve	\$ 47,655,202		\$ 47,655,202
PSR Addition/(Drawdown)	\$ (13,150,818)		\$ (13,150,818)
Ending Premium Stabilization Reserve	<u>\$ 34,504,384</u>		<u>\$ 34,504,384</u>
Total Beginning Plan Reserve	795,454,068		795,454,068
Total Ending Plan Reserve	<u>\$ 808,803,570</u>		<u>\$ 810,898,970</u>
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 32.40	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 2,095,400	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 406.41	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

	7/1/2025 to 12/31/2025	1/1/2026 to 6/30/2026	TRUST Total
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 5,000,000	\$ 5,000,000	\$ 10,000,000
Retiree Premiums - PPB	34,322,533	36,697,484	71,020,016
Retiree Premiums - MCO	728,931	728,931	1,457,862
Non Par Premiums	955,917	955,917	1,911,834
Life Insurance	14,507,850	14,507,850	29,015,700
Investment Income	76,045,515	76,045,515	152,091,029
Transfer from Premium Stabilization Reserve	62,074,916	56,887,510	118,962,426
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 208,635,661	\$ 205,823,206	\$ 414,458,867
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 36,065,011	\$ 35,391,537	\$ 71,456,547
Gross Non-Medicare Prescription Drug Claims	23,456,613	23,755,225	47,211,838
Non-Medicare Prescription Drug Rebates	(7,432,365)	(7,494,416)	(14,926,781)
Medicare Medical Claims	2,837,833	1,380,232	4,218,064
Gross Medicare Prescription Drug Claims	6,517,720	3,277,483	9,795,203
Medicare Prescription Drug Rebates	(2,064,737)	(1,033,465)	(3,098,202)
Non-Medicare Managed Care Capitations	2,140,345	2,140,345	4,280,689
Humana MAPD Program	37,032,097	41,034,328	78,066,424
Administration	2,246,712	2,246,712	4,493,424
Life Insurance	14,500,857	14,500,857	29,001,713
Wellness	-	-	-
Retiree Assistance Program	827,907	827,907	1,655,813
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	18,393	18,393	36,786
Director's Discretionary Fund	88,160	88,160	176,319
Total Expenses	\$ 116,234,543	\$ 116,133,295	\$ 232,367,838
Fiscal Year Results	\$ 92,401,118	\$ 89,689,911	\$ 182,091,029
Beginning Restricted Reserve			\$ 1,918,670,072
Ending Restricted Reserve			<u>\$ 2,100,761,101</u>
Beginning Premium Stabilization Reserve			\$ 124,379,357
PSR Addition/(Drawdown)			\$ (118,962,426)
Ending Premium Stabilization Reserve			<u>\$ 5,416,931</u>
Total Beginning Plan Reserve			2,043,049,429
Total Ending Plan Reserve			<u>\$ 2,106,178,031</u>
Accrued Actuarial Liability (AAL)			\$ 1,684,759,827
Funded Status			121.3%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 11.17	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 5,916,158	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 19.02	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
RHBT - MEDICARE**

**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
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 3,649,816		\$ 3,649,816
Employer Premiums - PPB	4,485,669	373,464	4,859,133
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	40,220,523	3,348,646	43,569,169
Retiree Premiums - MCO	-	-	-
Non Par Premiums	1,239,408		1,239,408
Life Insurance	18,810,367		18,810,367
Investment Income	91,725,158		91,725,158
Transfer from Premium Stabilization Reserve	85,399,954		85,399,954
General Revenue Transfer (OPEB Funding)	17,539,436		17,539,436
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 263,070,330	\$ 3,722,110	\$ 266,792,440
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 4,218,064	\$ -	\$ 4,218,064
Gross Medicare Prescription Drug Claims	9,795,203	-	9,795,203
Medicare Prescription Drug Rebates	(3,098,202)		(3,098,202)
Humana MAPD Program	78,066,424		78,066,424
Administration	1,658,645		1,658,645
Life Insurance	18,801,300		18,801,300
Wellness	-		-
Retiree Assistance Program	1,073,435		1,073,435
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	13,470		13,470
Director's Discretionary Fund	-		-
Total Expenses	\$ 110,528,339	\$ -	\$ 110,528,339
Fiscal Year Results	\$ 152,541,991		\$ 156,264,101
Beginning Restricted Reserve	\$ 1,142,275,481		\$ 1,142,275,481
Ending Restricted Reserve	<u>\$ 1,294,817,473</u>		<u>\$ 1,298,539,583</u>
Beginning Premium Stabilization Reserve	\$ 89,874,973		\$ 89,874,973
PSR Addition/(Drawdown)	\$ (85,399,954)		\$ (85,399,954)
Ending Premium Stabilization Reserve	<u>\$ 4,475,019</u>		<u>\$ 4,475,019</u>
Total Beginning Plan Reserve	1,232,150,454		1,232,150,454
Total Ending Plan Reserve	<u>\$ 1,299,292,492</u>		<u>\$ 1,303,014,602</u>
Accrued Actuarial Liability (AAL)	\$ 1,684,759,827		\$ 1,684,759,827
Funded Status	120.7%		120.8%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 11.17	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 3,722,110	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 7.62	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
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 6,350,184		\$ 6,350,184
Employer Premiums - PPB	4,469,250	448,662	4,917,912
Employer Premiums - MCO	438,518	44,022	482,541
Retiree Premiums - PPB	16,061,418	1,612,385	17,673,803
Retiree Premiums - MCO	886,342	88,979	975,321
Non Par Premiums	672,426		672,426
Life Insurance	10,205,333		10,205,333
Investment Income	60,365,871		60,365,871
Transfer from Premium Stabilization Reserve	33,562,473		33,562,473
General Revenue Transfer (OPEB Funding)	12,460,564		12,460,564
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 145,472,379	\$ 2,194,048	\$ 147,666,427
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 71,456,547	\$ -	\$ 71,456,547
Gross Non-Medicare Prescription Drug Claims	47,211,838	-	47,211,838
Non-Medicare Prescription Drug Rebates	(14,926,781)		(14,926,781)
Non-Medicare Managed Care Capitations	4,280,689		4,280,689
Administration	2,834,778		2,834,778
Life Insurance	10,200,413		10,200,413
Wellness	-		-
Retiree Assistance Program	582,379		582,379
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	23,317		23,317
Director's Discretionary Fund	176,319		176,319
Total Expenses	\$ 121,839,499	\$ -	\$ 121,839,499
Fiscal Year Results	\$ 23,632,880		\$ 25,826,928
Beginning Restricted Reserve	\$ 776,394,586		\$ 776,394,586
Ending Restricted Reserve	<u>\$ 800,027,466</u>		<u>\$ 802,221,514</u>
Beginning Premium Stabilization Reserve	\$ 34,504,384		\$ 34,504,384
PSR Addition/(Drawdown)	\$ (33,562,473)		\$ (33,562,473)
Ending Premium Stabilization Reserve	<u>\$ 941,912</u>		<u>\$ 941,912</u>
Total Beginning Plan Reserve	810,898,970		810,898,970
Total Ending Plan Reserve	<u>\$ 800,969,378</u>		<u>\$ 803,163,426</u>
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go Monthly Premium for Actives	\$ 11.17			
Additional Retiree Premiums	\$ 2,194,048			
Pay Go PEPM Subsidy for Retirees	\$ 135.74			
		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

	7/1/2026 to 12/31/2026	1/1/2027 to 6/30/2027	TRUST Total
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 5,000,000	\$ 5,000,000	\$ 10,000,000
Retiree Premiums - PPB	37,957,420	40,646,387	78,603,807
Retiree Premiums - MCO	805,418	805,418	1,610,836
Non Par Premiums	927,240	927,240	1,854,479
Life Insurance	15,233,243	15,233,243	30,466,485
Investment Income	78,431,068	78,431,068	156,862,137
Transfer from Premium Stabilization Reserve	2,819,519	2,597,412	5,416,931
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 156,173,907	\$ 158,640,767	\$ 314,814,674
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 39,574,909	\$ 38,925,027	\$ 78,499,935
Gross Non-Medicare Prescription Drug Claims	27,397,979	27,806,596	55,204,575
Non-Medicare Prescription Drug Rebates	(7,882,023)	(7,947,828)	(15,829,851)
Medicare Medical Claims	2,991,025	1,458,312	4,449,337
Gross Medicare Prescription Drug Claims	7,312,154	3,685,448	10,997,602
Medicare Prescription Drug Rebates	(2,102,935)	(1,052,584)	(3,155,519)
Non-Medicare Managed Care Capitations	2,311,572	2,311,572	4,623,144
Humana MAPD Program	40,339,795	44,904,548	85,244,343
Administration	2,314,114	2,314,114	4,628,227
Life Insurance	15,225,900	15,225,900	30,451,799
Wellness	-	-	-
Retiree Assistance Program	894,139	894,139	1,788,278
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	20,600	20,600	41,200
Director's Discretionary Fund	89,006	89,006	178,012
Total Expenses	\$ 128,486,235	\$ 128,634,847	\$ 257,121,082
Fiscal Year Results	\$ 27,687,672	\$ 30,005,921	\$ 57,693,592
Beginning Restricted Reserve			\$ 2,100,761,101
Ending Restricted Reserve			<u>\$ 2,158,454,693</u>
Beginning Premium Stabilization Reserve			\$ 5,416,931
PSR Addition/(Drawdown)			\$ (5,416,931)
Ending Premium Stabilization Reserve			<u>\$ -</u>
Total Beginning Plan Reserve			2,106,178,031
Total Ending Plan Reserve			<u>\$ 2,158,454,693</u>
Accrued Actuarial Liability (AAL)			\$ 1,697,694,682
Funded Status			124.1%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 11.17	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 8,759,114	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 18.60	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
RHBT - MEDICARE**

**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
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 3,883,923		\$ 3,883,923
Employer Premiums - PPB	4,871,741	648,865	5,520,606
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	43,682,221	5,818,014	49,500,234
Retiree Premiums - MCO	-	-	-
Non Par Premiums	1,202,226		1,202,226
Life Insurance	19,750,886		19,750,886
Investment Income	97,044,814		97,044,814
Transfer from Premium Stabilization Reserve	4,475,018		4,475,018
General Revenue Transfer (OPEB Funding)	18,514,717		18,514,717
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 193,425,546	\$ 6,466,878	\$ 199,892,425
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 4,449,337	\$ -	\$ 4,449,337
Gross Medicare Prescription Drug Claims	10,997,602	-	10,997,602
Medicare Prescription Drug Rebates	(3,155,519)		(3,155,519)
Humana MAPD Program	85,244,343		85,244,343
Administration	1,708,405		1,708,405
Life Insurance	19,741,365		19,741,365
Wellness	-		-
Retiree Assistance Program	1,159,309		1,159,309
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	18,990		18,990
Director's Discretionary Fund	-		-
Total Expenses	\$ 120,163,832	\$ -	\$ 120,163,832
Fiscal Year Results	\$ 73,261,714		\$ 79,728,593
Beginning Restricted Reserve	\$ 1,298,539,583		\$ 1,298,539,583
Ending Restricted Reserve	<u>\$ 1,371,801,297</u>		<u>\$ 1,378,268,175</u>
Beginning Premium Stabilization Reserve	\$ 4,475,019		\$ 4,475,019
PSR Addition/(Drawdown)	\$ (4,475,018)		\$ (4,475,018)
Ending Premium Stabilization Reserve	<u>\$ 0</u>		<u>\$ 0</u>
Total Beginning Plan Reserve	1,303,014,602		1,303,014,602
Total Ending Plan Reserve	<u>\$ 1,371,801,297</u>		<u>\$ 1,378,268,176</u>
Accrued Actuarial Liability (AAL)	\$ 1,697,694,682		\$ 1,697,694,682
Funded Status	122.6%		122.7%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 11.17	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 6,466,878	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 7.87	Medicare	9.0%	16.0%
		Prescription Drug Rebates		5.0%
		Capitations		9.5%
		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 2027**

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

Non-Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 6,116,077		\$ 6,116,077
Employer Premiums - PPB	4,666,609	467,085	5,133,694
Employer Premiums - MCO	484,664	48,510	533,174
Retiree Premiums - PPB	16,770,682	1,678,591	18,449,273
Retiree Premiums - MCO	979,612	98,050	1,077,662
Non Par Premiums	652,253		652,253
Life Insurance	10,715,599		10,715,599
Investment Income	59,817,323		59,817,323
Transfer from Premium Stabilization Reserve	941,912		941,912
General Revenue Transfer (OPEB Funding)	11,485,283		11,485,283
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 112,630,014	\$ 2,292,236	\$ 114,922,250
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 78,499,935	\$ -	\$ 78,499,935
Gross Non-Medicare Prescription Drug Claims	55,204,575	-	55,204,575
Non-Medicare Prescription Drug Rebates	(15,829,851)		(15,829,851)
Non-Medicare Managed Care Capitations	4,623,144		4,623,144
Administration	2,919,822		2,919,822
Life Insurance	10,710,434		10,710,434
Wellness	-		-
Retiree Assistance Program	628,969		628,969
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	22,210		22,210
Director's Discretionary Fund	178,012		178,012
Total Expenses	\$ 136,957,250	\$ -	\$ 136,957,250
Fiscal Year Results	\$ (24,327,236)		\$ (22,035,000)
Beginning Restricted Reserve	\$ 802,221,514		\$ 802,221,514
Ending Restricted Reserve	<u>\$ 777,894,278</u>		<u>\$ 780,186,514</u>
Beginning Premium Stabilization Reserve	\$ 941,912		\$ 941,912
PSR Addition/(Drawdown)	\$ (941,912)		\$ (941,912)
Ending Premium Stabilization Reserve	<u>\$ (0)</u>		<u>\$ (0)</u>
Total Beginning Plan Reserve	803,163,426		803,163,426
Total Ending Plan Reserve	<u>\$ 777,894,277</u>		<u>\$ 780,186,513</u>
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go Monthly Premium for Actives	\$ 11.17			
Additional Retiree Premiums	\$ 2,292,236			
Pay Go PEPM Subsidy for Retirees	\$ 137.79		9.0%	16.0%
		Non-Medicare		
		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

	7/1/2027 to 12/31/2027	1/1/2028 to 6/30/2028	TRUST Total
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ -	\$ -	\$ -
Retiree Premiums - PPB	40,830,585	40,917,391	81,747,975
Retiree Premiums - MCO	813,378	813,378	1,626,757
Non Par Premiums	899,422	899,422	1,798,844
Life Insurance	15,994,905	15,994,905	31,989,809
Investment Income	80,420,578	80,420,578	160,841,155
Transfer from Premium Stabilization Reserve	-	-	-
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 153,958,867	\$ 154,045,673	\$ 308,004,540
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 43,626,267	\$ 43,007,890	\$ 86,634,157
Gross Non-Medicare Prescription Drug Claims	32,139,978	32,689,349	64,829,327
Non-Medicare Prescription Drug Rebates	(8,358,885)	(8,428,672)	(16,787,557)
Medicare Medical Claims	3,166,995	1,547,882	4,714,877
Gross Medicare Prescription Drug Claims	8,238,888	4,162,070	12,400,958
Medicare Prescription Drug Rebates	(2,141,839)	(1,072,057)	(3,213,896)
Non-Medicare Managed Care Capitations	2,496,498	2,496,498	4,992,996
Humana MAPD Program	44,144,509	49,364,177	93,508,685
Administration	2,383,537	2,383,537	4,767,073
Life Insurance	15,987,195	15,987,195	31,974,389
Wellness	-	-	-
Retiree Assistance Program	965,671	965,671	1,931,341
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	22,809	22,809	45,618
Director's Discretionary Fund	89,861	89,861	179,721
Total Expenses	\$ 142,761,482	\$ 143,216,207	\$ 285,977,689
Fiscal Year Results	\$ 11,197,385	\$ 10,829,466	\$ 22,026,852
Beginning Restricted Reserve			\$ 2,158,454,693
Ending Restricted Reserve			<u>\$ 2,180,481,544</u>
Beginning Premium Stabilization Reserve			\$ -
PSR Addition/(Drawdown)			\$ -
Ending Premium Stabilization Reserve			<u>\$ -</u>
Total Beginning Plan Reserve			2,158,454,693
Total Ending Plan Reserve			<u>\$ 2,180,481,544</u>
Accrued Actuarial Liability (AAL)			\$ 1,701,970,701
Funded Status			126.8%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		Eligibility	Medical	Gross Drugs
Pay Go Monthly Premium for Actives	\$ -			
Additional Retiree Premiums	\$ 4,285,624			
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
RHBT - MEDICARE**

**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
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ -		\$ -
Employer Premiums - PPB	5,534,641	430,005	5,964,646
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	49,626,079	3,855,619	53,481,697
Retiree Premiums - MCO	-	-	-
Non Par Premiums	1,166,159		1,166,159
Life Insurance	20,738,430		20,738,430
Investment Income	102,704,146		102,704,146
Transfer from Premium Stabilization Reserve	-		-
General Revenue Transfer (OPEB Funding)	18,994,716		18,994,716
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 198,764,170	\$ 4,285,624	\$ 203,049,793
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 4,714,877	\$ -	\$ 4,714,877
Gross Medicare Prescription Drug Claims	12,400,958	-	12,400,958
Medicare Prescription Drug Rebates	(3,213,896)		(3,213,896)
Humana MAPD Program	93,508,685		93,508,685
Administration	1,759,657		1,759,657
Life Insurance	20,728,433		20,728,433
Wellness	-		-
Retiree Assistance Program	1,252,054		1,252,054
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	24,510		24,510
Director's Discretionary Fund	-		-
Total Expenses	\$ 131,175,278	\$ -	\$ 131,175,278
Fiscal Year Results	\$ 67,588,892		\$ 71,874,515
Beginning Restricted Reserve	\$ 1,378,268,175		\$ 1,378,268,175
Ending Restricted Reserve	<u>\$ 1,445,857,067</u>		<u>\$ 1,450,142,691</u>
Beginning Premium Stabilization Reserve	\$ 0		\$ 0
PSR Addition/(Drawdown)	\$ -		\$ -
Ending Premium Stabilization Reserve	<u>\$ 0</u>		<u>\$ 0</u>
Total Beginning Plan Reserve	1,378,268,176		1,378,268,176
Total Ending Plan Reserve	<u>\$ 1,445,857,068</u>		<u>\$ 1,450,142,691</u>
Accrued Actuarial Liability (AAL)	\$ 1,701,970,701		\$ 1,701,970,701
Funded Status	123.9%		123.9%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go Monthly Premium for Actives	\$ -			
Additional Retiree Premiums	\$ 4,285,624			
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
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ -		\$ -
Employer Premiums - PPB	4,854,765	-	4,854,765
Employer Premiums - MCO	538,444	-	538,444
Retiree Premiums - PPB	17,446,868	-	17,446,868
Retiree Premiums - MCO	1,088,313	-	1,088,313
Non Par Premiums	632,685	-	632,685
Life Insurance	11,251,379	-	11,251,379
Investment Income	58,137,009	-	58,137,009
Transfer from Premium Stabilization Reserve	-	-	-
General Revenue Transfer (OPEB Funding)	11,005,284	-	11,005,284
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 104,954,747	\$ -	\$ 104,954,747
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 86,634,157	\$ -	\$ 86,634,157
Gross Non-Medicare Prescription Drug Claims	64,829,327	-	64,829,327
Non-Medicare Prescription Drug Rebates	(16,787,557)	-	(16,787,557)
Non-Medicare Managed Care Capitations	4,992,996	-	4,992,996
Administration	3,007,416	-	3,007,416
Life Insurance	11,245,956	-	11,245,956
Wellness	-	-	-
Retiree Assistance Program	679,286	-	679,286
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	21,108	-	21,108
Director's Discretionary Fund	179,721	-	179,721
Total Expenses	\$ 154,802,410	\$ -	\$ 154,802,410
Fiscal Year Results	\$ (49,847,663)		\$ (49,847,663)
Beginning Restricted Reserve	\$ 780,186,514		\$ 780,186,514
Ending Restricted Reserve	<u>\$ 730,338,851</u>		<u>\$ 730,338,851</u>
Beginning Premium Stabilization Reserve	\$ (0)		\$ (0)
PSR Addition/(Drawdown)	\$ -		\$ -
Ending Premium Stabilization Reserve	<u>\$ (0)</u>		<u>\$ (0)</u>
Total Beginning Plan Reserve	780,186,513		780,186,513
Total Ending Plan Reserve	<u>\$ 730,338,850</u>		<u>\$ 730,338,850</u>
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go Monthly Premium for Actives	\$ -			
Additional Retiree Premiums	\$ -			
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%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2023 to FY 2024**

Fiscal Year 2023

Exposure

	<u>Jul-22</u>	<u>Aug-22</u>	<u>Sep-22</u>	<u>Oct-22</u>	<u>Nov-22</u>	<u>Dec-22</u>	<u>Jan-23</u>	<u>Feb-23</u>	<u>Mar-23</u>	<u>Apr-23</u>	<u>May-23</u>	<u>Jun-23</u>
NonMed_NonDrug	11,452	11,475	11,535	11,426	11,335	11,195	11,157	11,135	10,911	10,765	10,634	10,512
Med_NonDrug	1,381	1,547	1,720	1,904	2,094	2,247	332	464	578	951	1,082	1,227
NonMed_Drug	10,624	10,646	10,702	10,603	10,518	10,388	10,352	10,330	10,124	9,988	9,865	9,752
Med_Drug	1,438	1,612	1,791	1,983	2,181	2,341	346	483	602	990	1,127	1,278

	<u>Jul-22</u>	<u>Aug-22</u>	<u>Sep-22</u>	<u>Oct-22</u>	<u>Nov-22</u>	<u>Dec-22</u>	<u>Jan-23</u>	<u>Feb-23</u>	<u>Mar-23</u>	<u>Apr-23</u>	<u>May-23</u>	<u>Jun-23</u>
NonMed_NonDrug	\$290.93	\$321.69	\$330.66	\$330.77	\$297.00	\$290.90	\$372.88	\$348.84	\$405.62	\$893.30	\$430.48	\$416.85
Med_NonDrug	265.29	273.87	286.06	271.58	240.64	261.95	478.08	403.02	309.62	148.54	151.65	203.61
NonMed_Drug	218.93	268.60	268.88	222.64	236.67	266.24	258.56	240.57	265.45	251.51	303.35	313.78
Med_Drug	<u>370.45</u>	<u>395.15</u>	<u>394.50</u>	<u>353.94</u>	<u>358.42</u>	<u>369.87</u>	<u>393.33</u>	<u>463.85</u>	<u>474.89</u>	<u>388.24</u>	<u>363.39</u>	<u>371.50</u>
Total	\$1,145.60	\$1,259.32	\$1,280.10	\$1,178.93	\$1,132.72	\$1,188.95	\$1,502.85	\$1,456.28	\$1,455.59	\$1,681.59	\$1,248.86	\$1,305.74

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	-1.3%	-6.0%	6.3%	3.9%	-3.7%	2.7%	11.9%	11.1%	2.0%	139.3%	11.2%	16.9%
Med_NonDrug	13.6%	2.3%	-1.3%	21.9%	22.3%	40.5%	-43.1%	-14.7%	-44.0%	-51.5%	-66.5%	-47.4%
NonMed_Drug	3.0%	7.7%	10.3%	-9.7%	-4.2%	1.5%	0.2%	2.3%	-4.4%	1.4%	13.3%	7.1%
Med_Drug	<u>-10.4%</u>	<u>-1.5%</u>	<u>-3.3%</u>	<u>-14.6%</u>	<u>-10.3%</u>	<u>-21.8%</u>	<u>-0.7%</u>	<u>9.3%</u>	<u>-9.6%</u>	<u>-9.2%</u>	<u>-27.7%</u>	<u>-20.2%</u>
Total	-0.7%	-0.1%	2.2%	-1.9%	-1.6%	-1.3%	-17.7%	0.7%	-17.0%	24.1%	-22.5%	-13.1%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug			-0.5%			1.0%			7.9%			55.8%
Med_NonDrug			4.3%			27.8%			-36.2%			-56.1%
NonMed_Drug			7.2%			-4.0%			-0.8%			7.4%
Med_Drug			<u>-5.1%</u>			<u>-15.9%</u>			<u>-1.0%</u>			<u>-19.5%</u>
Total			0.5%			-1.6%			-12.2%			-5.2%

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug			7.3%			4.2%			3.5%			17.7%
Med_NonDrug			11.2%			19.6%			-4.8%			-25.3%
NonMed_Drug			14.0%			8.3%			3.9%			2.4%
Med_Drug			<u>-2.8%</u>			<u>-4.2%</u>			<u>-4.7%</u>			<u>-10.5%</u>
Total			6.0%			5.9%			-1.2%			-5.3%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2023 to FY 2024**

Fiscal Year 2024

Exposure

	<u>Jul-23</u>	<u>Aug-23</u>	<u>Sep-23</u>	<u>Oct-23</u>	<u>Nov-23</u>	<u>Dec-23</u>	<u>Jan-24</u>	<u>Feb-24</u>	<u>Mar-24</u>	<u>Apr-24</u>	<u>May-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
Med_NonDrug	1,238	1,353	1,530	1,696	1,827	1,989	226	552	716	843	983
NonMed_Drug	10,045	10,176	10,108	9,976	9,926	9,788	9,690	9,609	9,471	9,399	9,282
Med_Drug	1,290	1,410	1,593	1,767	1,903	2,072	236	575	746	879	1,024

	<u>Jul-23</u>	<u>Aug-23</u>	<u>Sep-23</u>	<u>Oct-23</u>	<u>Nov-23</u>	<u>Dec-23</u>	<u>Jan-24</u>	<u>Feb-24</u>	<u>Mar-24</u>	<u>Apr-24</u>	<u>May-24</u>
NonMed_NonDrug	\$367.43	\$397.69	\$417.28	\$484.78	\$498.89	\$472.17	\$528.92	\$485.56	\$509.07	\$586.76	\$506.95
Med_NonDrug	287.11	284.63	204.62	264.96	209.51	192.70	455.27	218.91	245.06	227.52	253.97
NonMed_Drug	248.37	296.96	277.15	311.18	308.97	299.31	315.68	289.06	300.94	349.31	348.58
Med_Drug	<u>471.51</u>	<u>510.47</u>	<u>473.83</u>	<u>508.21</u>	<u>498.30</u>	<u>480.54</u>	<u>633.35</u>	<u>272.25</u>	<u>301.28</u>	<u>414.31</u>	<u>434.34</u>
Total	\$1,374.42	\$1,489.75	\$1,372.89	\$1,569.13	\$1,515.67	\$1,444.73	\$1,933.21	\$1,265.78	\$1,356.34	\$1,577.89	\$1,543.83

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	26.3%	23.6%	26.2%	46.6%	68.0%	62.3%	41.8%	39.2%	25.5%	-34.3%	17.8%
Med_NonDrug	8.2%	3.9%	-28.5%	-2.4%	-12.9%	-26.4%	-4.8%	-45.7%	-20.9%	53.2%	67.5%
NonMed_Drug	13.4%	10.6%	3.1%	39.8%	30.6%	12.4%	22.1%	20.2%	13.4%	38.9%	14.9%
Med_Drug	<u>27.3%</u>	<u>29.2%</u>	<u>20.1%</u>	<u>43.6%</u>	<u>39.0%</u>	<u>29.9%</u>	<u>61.0%</u>	<u>-41.3%</u>	<u>-36.6%</u>	<u>6.7%</u>	<u>19.5%</u>
Total	20.0%	18.3%	7.2%	33.1%	33.8%	21.5%	28.6%	-13.1%	-6.8%	-6.2%	23.6%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug		25.3%				58.5%			35.1%		
Med_NonDrug			-5.9%			-13.8%			-22.8%		
NonMed_Drug			8.7%			26.7%			18.5%		
Med_Drug			<u>25.5%</u>			<u>37.4%</u>			<u>-9.4%</u>		
Total			15.0%			29.4%			3.2%		

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug		23.8%				36.8%			43.7%		
Med_NonDrug			-27.0%			-31.9%			-27.2%		
NonMed_Drug			2.9%			10.2%			15.1%		
Med_Drug			<u>-3.8%</u>			<u>8.3%</u>			<u>6.1%</u>		
Total			-2.1%			4.4%			9.3%		