

STATE OF WEST VIRGINIA



RETIREE HEALTH BENEFIT TRUST FUND

**Quarterly Report
December 31, 2019**

Fiscal Years 2020-2024

Report Date: March 2020

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 for FY 2021, 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 2024. 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, 2020 (“FY 2020”), June 30, 2021 (“FY 2021”), June 30, 2022 (“FY 2022”), June 30, 2023 (“FY 2023”) and June 30, 2024 (“FY 2024”). Our opinion of plan adequacy is based on the projections through FY 2024 using updated future revenue and plan modifications provided by the Board in the plan adopted in December 2019.

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.

The Medicaid / RHBT Hospital Bill (“Bill”) has been extended and is anticipated to continue to provide RHBT with hospital charge savings through discounts for all retiree non-Medicare coverages. These hospital savings are assumed to increase by the medical trend assumptions in Fiscal Year 2020 and subsequently. We are assuming that the Bill will continue throughout the five year forecast period.

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 2020 the Pay-Go is equivalent to \$270 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 Board in December 2019.

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 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 2020 through FY 2024 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 2024 as approved by the Board in December 2019.

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., F.C.A., M.A.A.A.
Managing Partner



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

West Virginia Retiree Health Benefit Trust Fund
Report of Independent Actuary
Financial Plan for FY 2020 – FY 2024

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 February 2020 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 1,400 additional retirees. We have observed a net increase of 292 retirees from June 2019 to March 2020. Continuing Care Actuaries has updated the claims analysis based on the enrollment through March 2020.

In aggregate, March 2020 enrollment has increased by 292 coverages since the end of FY 2019. Aggregate Preferred Provider Benefit (“PPB”) enrollment has increased by 321 in total over the same period, while managed care enrollment continues to cover fewer participants, with a decrease of 29 coverage. For MAPD Capitations, the average of 51,086 Medicare policyholders in FY 2020 was used to calculate the capitation cost.

The following chart summarizes the current enrollment as of the selected monthly billing dates of June 2018, June 2019 and March 2020 for purposes of comparison:

Trust Fund	Coverage	Preferred Provider Benefit*			Managed Care		
		Jun-18	Jun-19	Mar-20	Jun-18	Jun-19	Mar-20
Retirees	Medicare Single	20,901	21,319	21,546	-	-	-
	<u>Medicare Family</u>	<u>15,473</u>	<u>15,830</u>	<u>16,103</u>	-	-	-
	Medicare Total	36,374	37,149	37,649	-	-	-
	Non-Medicare Single	2,849	2,583	2,518	125	130	118
	<u>Non-Medicare Family</u>	<u>3,568</u>	<u>3,225</u>	<u>3,111</u>	<u>141</u>	<u>133</u>	<u>116</u>
	Non-Medicare Total	6,417	5,808	5,629	266	263	234
	Retiree Total	42,791	42,957	43,278	266	263	234
Grand Total				43,057	43,220	43,512	

* The majority of PPB is capitated through Humana. As of February 2020, there are approximately 281 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 December 31, 2019 Fiscal Years 2020-2024 Report”.

C. Trend Analysis

RHBT experienced a lower medical trend and a higher prescription drug trend in FY 2019, but over the past few years, trends have been beneficial to the plan. Continuing Care Actuaries performed the detailed medical and prescription drugs trend analysis in the report titled, “PEIA FY2019 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 2020 medical claim trend is 8.0% and the prescription drug claim trend is 12.0%.

The current trend projection is shown in the following table:

Claim Type	Previous Assumption FY 2020 Trend	Updated Assumption FY 2020 Trend
Non-Medicare – Medical	8.0%	8.0%
Medicare – Medical	8.0%	8.0%
Non-Medicare – Drugs	12.0%	12.0%
Medicare – Drugs	12.0%	12.0%

In addition, we have assumed that trends will increase by 0.5% in each successive fiscal year beginning in FY 2021. 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 February 2020. 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%	9%
2018	12%	8%	41%	14%	12%
2019	42%	1%	-1%	20%	8%
2020*	12%	-6%	-11%	20%	3%

* Fiscal Year 2020 results are through the first eight months ending February 2020. 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 Year 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 February 2020 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 2020 claims and expenses are summarized in the following chart. It should be noted that the chart reflects per policy information.

Fiscal Year 2020 Projection			Revenue		Expenses		
Fund	Program	Policies	Monthly Employer Premiums	Monthly Policyholder Premiums	Monthly Medical Costs	Monthly Drugs Costs*	Monthly Capitation Costs
Retiree	Medicare Humana and Express Scripts	37,641			\$69**	\$195**	\$238
	Non-Medicare	5,749			<u>\$773</u>	<u>\$300</u>	
	Total	43,390	\$0	\$161			
	Non-Medicare Managed Care	243	\$0	\$620			\$1,380
	Total	43,633					

*Net of rebates and subsidies.

** As of February 2020, there are approximately 281 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 2019.

Board Decisions – December 2019

Source	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Additional Non-Medicare Retiree Premium (Fiscal Year)	\$0	\$0	\$1,407,390	\$1,426,502	\$1,444,152
Additional Medicare Retiree Premium (Calendar Year)	\$0	\$0	\$4,835,038	\$5,172,378	\$5,533,234
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)	\$5,000,000	\$0	\$0	\$0	\$0
Benefit Reductions and Savings / (Increase) - Retiree Non-Medicare	(\$800,000)	\$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	\$141,148,464	\$135,000,000	\$140,000,000	\$150,000,000	\$160,000,000
Actuarial Accrued Liability*	\$3,191,774,318	\$3,268,136,134	\$3,337,849,000	\$3,402,102,207	\$3,461,788,072
Funded Status	34.2%	35.8%	39.3%	43.3%	47.5%

*Projected Result

The \$800,000 of Retiree Non-Medicare benefit additions and costs in Fiscal Year 2020 is comprised of the following:

	<u>Benefit Cost/(Savings)</u>
Medical Claims	\$0.550 M
Drug Claims	\$0.250 M

A detailed list of the 2020 benefit additions and costs for the Non-Medicare Retirees as voted on by the Board consists of the following:

	<u>Non-Medicare Savings</u>
Plan A out of state coverage 80/20 for Contig Providers	\$0.400 M
Plan B out of state coverage 70/30 for Contig Providers	\$0.000 M
Remove facility fee max (RBP)	\$1.200 M
Remove \$25 copay from out of state services	\$0.400 M
End Healthy Tomorrows blood work	\$0.050 M
<u>UMR OOS Network Savings</u>	<u>(\$1.500 M)</u>
Total Medical Benefit Additions	\$0.550 M
<u>Third tier non-preferred drug appeals process</u>	<u>\$0.250 M</u>
Total Drugs Costs	\$0.250 M
Total Benefit Additions and Costs	\$0.800 M

In FY 2020, the additional administrative costs are \$500,000 for the Non-Medicare Retirees, RHBT will have no increase in Non-Medicare and Medicare retiree premiums, and RHBT will receive \$35,000,000 in general revenue transfers.

It is anticipated that RHBT would accrue and pay these fees through FY 2019. The total comparative effectiveness research fees for the financial projection are estimated to be \$0 in FY 2020.

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. 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 \$1,821,415 in FY 2020 to \$2,478,015 in FY 2024, based on the Board's direction and projected retiree enrollment growth in the financial plan.

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. However, on January 1, 2020, CMS reinstated the ACA Health Insurance Fee. This fee resulted in an increase to the existing capitations and an estimate of this increase is included in the CY 2020 capitation cost. Under current law, this fee will end on December 31, 2020. 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 2020 FORECAST

The financial forecast for FY 2020 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2020 projects accrued revenue of \$299,684,048 and incurred plan expenses of \$222,043,949 to produce a fiscal year surplus of \$77,640,099 after the Premium Stabilization Reserve drawdown of \$0. The PEIA local and state agencies Pay Go premiums for FY 2020 are assumed to be \$141,148,464.

FISCAL YEAR 2021 FORECAST

The financial forecast for FY 2021 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2021 projects accrued revenue of \$366,884,570 and incurred plan expenses of \$223,975,391 to produce a fiscal year surplus of \$142,909,179 after the Premium Stabilization Reserve drawdown of \$0. The PEIA local and state agencies Pay Go premiums for FY 2021 are assumed to be \$135,000,000.

FISCAL YEAR 2022 FORECAST

The financial forecast for FY 2022 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2022 projects accrued revenue of \$387,788,933 and incurred plan expenses of \$227,670,907 to produce a fiscal year surplus of \$160,118,026 after the Premium Stabilization Reserve drawdown of \$0. The PEIA local and state agencies Pay Go premiums for FY 2022 are assumed to be \$140,000,000.

FISCAL YEAR 2023 FORECAST

The financial forecast for FY 2023 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2023 projects accrued revenue of \$416,685,034 and incurred plan expenses of \$244,666,448 to produce a fiscal year surplus of \$172,018,586 after the Premium Stabilization Reserve drawdown of \$0. The PEIA local and state agencies Pay Go premiums for FY 2023 are assumed to be \$150,000,000.

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 \$453,547,603 and incurred plan expenses of \$264,507,847 to produce a fiscal year surplus of \$189,039,756 after the Premium Stabilization Reserve drawdown of \$0. The PEIA local and state agencies Pay Go premiums for FY 2024 are assumed to be \$160,000,000.

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 2024. These projections are based on significant revenue increases as contained in the Financial Plan adopted by the Board in December 2019 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 2020**

PERIOD 7/1/2019 - 6/30/2020

	7/1/2019 to 12/31/2019	1/1/2020 to 6/30/2020	TRUST Total
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 70,574,232	\$ 70,574,232	\$ 141,148,464
Retiree Premiums - PPB	40,749,909	42,931,031	83,680,941
Retiree Premiums - MCO	901,494	907,142	1,808,635
Annual Required Contributions	-	-	-
Non Par Premiums	1,485,077	1,485,077	2,970,154
Life Insurance	12,476,919	12,476,919	24,953,837
Investment Income	5,061,009	5,061,009	10,122,017
Transfer from Premium Stabilization Reserve	-	-	-
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	2,500,000	2,500,000	5,000,000
Total Revenue	\$ 148,748,639	\$ 150,935,409	\$ 299,684,048
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 25,925,997	\$ 27,397,731	\$ 53,323,728
Non-Medicare Prescription Drug Claims	9,574,029	11,153,463	20,727,492
Medicare Medical Claims	781,056	231,018	1,012,074
Medicare Prescription Drug Claims	2,272,318	685,106	2,957,424
Non-Medicare Managed Care Capitations	2,012,094	2,012,094	4,024,188
Humana MAPD Program	50,953,997	56,420,762	107,374,759
Administration	2,662,379	2,662,379	5,324,757
Life Insurance	12,679,751	12,679,751	25,359,502
Retiree Assistance Program	910,708	910,708	1,821,415
ACA Reinsurance Contributions	-	-	-
ACA Comparative Effectiveness Research Fees	-	-	-
Director's Discretionary Fund	59,305	59,305	118,610
Total Expenses	\$ 107,831,633	\$ 114,212,317	\$ 222,043,949
Fiscal Year Results	\$ 40,917,006	\$ 36,723,092	\$ 77,640,099
Beginning Restricted Reserve			\$ 1,053,554,300
Ending Restricted Reserve			<u>\$ 1,131,194,399</u>
Beginning Premium Stabilization Reserve			\$ 38,106,504
PSR Addition/(Drawdown)			\$ -
Ending Premium Stabilization Reserve			<u>\$ 38,106,504</u>
Total Beginning Plan Reserve			1,091,660,804
Total Ending Plan Reserve			<u>\$ 1,169,300,903</u>
Accrued Actuarial Liability (AAL)			\$ 3,191,774,318
Funded Status			34.2%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 159.69	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ -	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 269.58	Non-Medicare	8.0%	12.0%
		Medicare	8.0%	12.0%
		Capitations		0.0%
		Administrative Expense		23.8%
Number of Net New Retirees	1,400	Pay Go Monthly Premium		-7.4%

**APPENDIX - BASELINE SCENARIO
RHBT - MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2020**

PERIOD 7/1/2019 - 6/30/2020

Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
Revenues			
WV PEIA Pay Go Premiums	\$ 81,749,138		\$ 81,749,138
Employer Premiums - PPB	7,435,218	-	7,435,218
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	47,330,440	-	47,330,440
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-		-
Non Par Premiums	1,851,162		1,851,162
Life Insurance	15,552,594		15,552,594
Investment Income	5,334,827		5,334,827
Transfer from Premium Stabilization Reserve	-		-
General Revenue Transfer (OPEB Funding)	18,201,692		18,201,692
General Revenue Transfer (Premium Offset)	3,033,615		3,033,615
Total Revenue	\$ 180,488,686	\$ -	\$ 180,488,686
Program Expenses			
Medicare Medical Claims	\$ 1,012,074	\$ -	\$ 1,012,074
Medicare Prescription Drug Claims	2,957,424	-	2,957,424
Humana MAPD Program	131,756,765	(24,382,006)	107,374,759
Administration	1,965,513	-	1,965,513
Life Insurance	15,805,427		15,805,427
Retiree Assistance Program	1,135,206		1,135,206
ACA Reinsurance Contributions	-		-
ACA Comparative Effectiveness Research Fees	-		-
Director's Discretionary Fund	-		-
Total Expenses	\$ 154,632,409	\$ (24,382,006)	\$ 130,250,403
Fiscal Year Results	\$ 25,856,277		\$ 50,238,283
Beginning Restricted Reserve	\$ 574,690,061		\$ 574,690,061
Ending Restricted Reserve	<u>\$ 600,546,337</u>		<u>\$ 624,928,343</u>
Beginning Premium Stabilization Reserve	\$ 20,530,453		\$ 20,530,453
PSR Addition/(Drawdown)	\$ -		\$ -
Ending Premium Stabilization Reserve	<u>\$ 20,530,453</u>		<u>\$ 20,530,453</u>
Total Beginning Plan Reserve	595,220,514		595,220,514
Total Ending Plan Reserve	<u>\$ 621,076,790</u>		<u>\$ 645,458,797</u>
Accrued Actuarial Liability (AAL)	\$ 3,191,774,318		\$ 3,191,774,318
Funded Status	35.1%		35.1%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		Eligibility	Medical	Drugs
Pay Go Monthly Premium for Actives	\$ 159.69			
Additional Retiree Premiums	\$ -			
Pay Go PEPM Subsidy for Retirees	\$ 180.98	Medicare	8.0%	12.0%
		Capitations		0.0%
		Administrative Expense		23.8%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		-7.4%

**APPENDIX - BASELINE SCENARIO
RHBT - NON-MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2020**

PERIOD 7/1/2019 - 6/30/2020

Non-Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
Revenues			
WV PEIA Pay Go Premiums	\$ 59,399,326		\$ 59,399,326
Employer Premiums - PPB	9,706,539	-	9,706,539
Employer Premiums - MCO	907,565	-	907,565
Retiree Premiums - PPB	19,208,744	-	19,208,744
Retiree Premiums - MCO	901,071	-	901,071
Annual Required Contributions	-		-
Non Par Premiums	1,118,992		1,118,992
Life Insurance	9,401,243		9,401,243
Investment Income	4,787,190		4,787,190
Transfer from Premium Stabilization Reserve	-		-
General Revenue Transfer (OPEB Funding)	11,798,308		11,798,308
General Revenue Transfer (Premium Offset)	1,966,385		1,966,385
Total Revenue	\$ 119,195,362	\$ -	\$ 119,195,362
Program Expenses			
Non-Medicare Medical Claims	\$ 53,323,728	\$ -	\$ 53,323,728
Non-Medicare Prescription Drug Claims	20,727,492	-	20,727,492
Non-Medicare Managed Care Capitations	4,024,188		4,024,188
Administration	2,859,244	500,000	3,359,244
Life Insurance	9,554,075		9,554,075
Retiree Assistance Program	686,210		686,210
ACA Reinsurance Contributions	-		-
ACA Comparative Effectiveness Research Fees	-		-
Director's Discretionary Fund	118,610		118,610
Total Expenses	\$ 91,293,547	\$ 500,000	\$ 91,793,547
Fiscal Year Results	\$ 27,901,815		\$ 27,401,815
Beginning Restricted Reserve	\$ 478,864,239		\$ 478,864,239
Ending Restricted Reserve	<u>\$ 506,766,055</u>		<u>\$ 506,266,055</u>
Beginning Premium Stabilization Reserve	\$ 17,576,051		\$ 17,576,051
PSR Addition/(Drawdown)	\$ -		\$ -
Ending Premium Stabilization Reserve	<u>\$ 17,576,051</u>		<u>\$ 17,576,051</u>
Total Beginning Plan Reserve	496,440,290		496,440,290
Total Ending Plan Reserve	<u>\$ 524,342,105</u>		<u>\$ 523,842,105</u>
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 159.69	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ -	Eligibility	Medical	Drugs
Pay Go PEPM Subsidy for Retirees	\$ 826.15	Non-Medicare	8.0%	12.0%
		Capitations		0.0%
		Administrative Expense		23.8%
Number of Net New Retirees	200	Pay Go Monthly Premium		-7.4%

**APPENDIX - BASELINE SCENARIO
RHBT - MEDICARE AND NON-MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2021**

PERIOD 7/1/2020 - 6/30/2021

	7/1/2020 to 12/31/2020	1/1/2021 to 6/30/2021	TRUST Total
<u>Revenues</u>			
WV PELA Pay Go Premiums	\$ 67,500,000	\$ 67,500,000	\$ 135,000,000
Retiree Premiums - PPB	41,159,863	41,345,618	82,505,480
Retiree Premiums - MCO	881,556	881,556	1,763,113
Annual Required Contributions	-	-	-
Non Par Premiums	1,440,525	1,440,525	2,881,050
Life Insurance	13,100,765	13,100,765	26,201,529
Investment Income	44,266,699	44,266,699	88,533,398
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	\$ 183,349,407	\$ 183,535,162	\$ 366,884,570
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 25,831,161	\$ 27,297,512	\$ 53,128,673
Non-Medicare Prescription Drug Claims	9,895,899	11,528,433	21,424,332
Medicare Medical Claims	631,344	187,191	818,535
Medicare Prescription Drug Claims	1,904,695	575,616	2,480,311
Non-Medicare Managed Care Capitations	2,173,062	2,173,062	4,346,123
Humana MAPD Program	56,904,587	50,882,630	107,787,217
Administration	2,587,750	2,587,750	5,175,499
Life Insurance	13,313,739	13,313,739	26,627,477
Retiree Assistance Program	983,565	983,565	1,967,129
ACA Reinsurance Contributions	-	-	-
ACA Comparative Effectiveness Research Fees	-	-	-
Director's Discretionary Fund	110,048	110,048	220,095
Total Expenses	\$ 114,335,846	\$ 109,639,544	\$ 223,975,391
Fiscal Year Results	\$ 69,013,561	\$ 73,895,618	\$ 142,909,179
Beginning Restricted Reserve			\$ 1,131,194,399
Ending Restricted Reserve			\$ 1,274,103,578
Beginning Premium Stabilization Reserve			\$ 38,106,504
PSR Addition/(Drawdown)			\$ -
Ending Premium Stabilization Reserve			\$ 38,106,504
Total Beginning Plan Reserve			1,169,300,903
Total Ending Plan Reserve			\$ 1,312,210,082
Accrued Actuarial Liability (AAL)			\$ 3,268,136,134
Funded Status			35.8%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 153.08	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ -	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 253.91	Non-Medicare	8.5%	12.5%
		Medicare	8.5%	12.5%
		Capitations		-13.8%
		Administrative Expense		3.0%
Number of Net New Retirees	1,400	Pay Go Monthly Premium		-4.4%

**APPENDIX - BASELINE SCENARIO
RHBT - MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2021**

PERIOD 7/1/2020 - 6/30/2021

Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
Revenues			
WV PEIA Pay Go Premiums	\$ 74,625,516		\$ 74,625,516
Employer Premiums - PPB	9,584,564	-	9,584,564
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	45,869,575	-	45,869,575
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-		-
Non Par Premiums	1,795,628		1,795,628
Life Insurance	16,330,224		16,330,224
Investment Income	46,661,685		46,661,685
Transfer from Premium Stabilization Reserve	-		-
General Revenue Transfer (OPEB Funding)	18,050,205		18,050,205
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 212,917,397	\$ -	\$ 212,917,397
Program Expenses			
Medicare Medical Claims	\$ 818,535	\$ -	\$ 818,535
Medicare Prescription Drug Claims	2,480,311	-	2,480,311
Humana MAPD Program	107,787,217		107,787,217
Administration	1,741,228		1,741,228
Life Insurance	16,595,698		16,595,698
Retiree Assistance Program	1,226,022		1,226,022
ACA Reinsurance Contributions	-		-
ACA Comparative Effectiveness Research Fees	-		-
Director's Discretionary Fund	-		-
Total Expenses	\$ 130,649,011	\$ -	\$ 130,649,011
Fiscal Year Results	\$ 82,268,386		\$ 82,268,386
Beginning Restricted Reserve	\$ 624,928,343		\$ 624,928,343
Ending Restricted Reserve	<u>\$ 707,196,730</u>		<u>\$ 707,196,730</u>
Beginning Premium Stabilization Reserve	\$ 20,530,453		\$ 20,530,453
PSR Addition/(Drawdown)	\$ -		\$ -
Ending Premium Stabilization Reserve	<u>\$ 20,530,453</u>		<u>\$ 20,530,453</u>
Total Beginning Plan Reserve	645,458,797		645,458,797
Total Ending Plan Reserve	<u>\$ 727,727,183</u>		<u>\$ 727,727,183</u>
Accrued Actuarial Liability (AAL)	\$ 3,268,136,134		\$ 3,268,136,134
Funded Status	37.6%		37.6%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
Pay Go Monthly Premium for Actives	\$ 153.08			
Additional Retiree Premiums	\$ -			
Pay Go PEPM Subsidy for Retirees	\$ 161.11	Medicare	8.5%	12.5%
		Capitations		-13.8%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		-4.4%

**APPENDIX - BASELINE SCENARIO
RHBT - NON-MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2021**

PERIOD 7/1/2020 - 6/30/2021

Non-Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
Revenues			
WV PEIA Pay Go Premiums	\$ 60,374,484		\$ 60,374,484
Employer Premiums - PPB	10,398,847	-	10,398,847
Employer Premiums - MCO	1,037,248	-	1,037,248
Retiree Premiums - PPB	16,652,494	-	16,652,494
Retiree Premiums - MCO	725,864	-	725,864
Annual Required Contributions	-		-
Non Par Premiums	1,085,422		1,085,422
Life Insurance	9,871,305		9,871,305
Investment Income	41,871,712		41,871,712
Transfer from Premium Stabilization Reserve	-		-
General Revenue Transfer (OPEB Funding)	11,949,795		11,949,795
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 153,967,172	\$ -	\$ 153,967,172
Program Expenses			
Non-Medicare Medical Claims	\$ 53,128,673	\$ -	\$ 53,128,673
Non-Medicare Prescription Drug Claims	21,424,332	-	21,424,332
Non-Medicare Managed Care Capitations	4,346,123		4,346,123
Administration	3,434,271		3,434,271
Life Insurance	10,031,779		10,031,779
Retiree Assistance Program	741,107		741,107
ACA Reinsurance Contributions	-		-
ACA Comparative Effectiveness Research Fees	-		-
Director's Discretionary Fund	220,095		220,095
Total Expenses	\$ 93,326,380	\$ -	\$ 93,326,380
Fiscal Year Results	\$ 60,640,792		\$ 60,640,792
Beginning Restricted Reserve	\$ 506,266,055		\$ 506,266,055
Ending Restricted Reserve	<u>\$ 566,906,846</u>		<u>\$ 566,906,846</u>
Beginning Premium Stabilization Reserve	\$ 17,576,051		\$ 17,576,051
PSR Addition/(Drawdown)	\$ -		\$ -
Ending Premium Stabilization Reserve	<u>\$ 17,576,051</u>		<u>\$ 17,576,051</u>
Total Beginning Plan Reserve	523,842,105		523,842,105
Total Ending Plan Reserve	<u>\$ 584,482,897</u>		<u>\$ 584,482,897</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>Drugs</u>
Pay Go Monthly Premium for Actives	\$ 153.08			
Additional Retiree Premiums	\$ -			
Pay Go PEPM Subsidy for Retirees	\$ 881.48	Non-Medicare	8.5%	12.5%
		Capitations		-13.8%
		Administrative Expense		3.0%
Number of Net New Retirees	200	Pay Go Monthly Premium		-4.4%

**APPENDIX - BASELINE SCENARIO
RHBT - MEDICARE AND NON-MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2022**

PERIOD 7/1/2021 - 6/30/2022

	7/1/2021 to 12/31/2021	1/1/2022 to 6/30/2022	TRUST Total
Revenues			
WV PELA Pay Go Premiums	\$ 70,000,000	\$ 70,000,000	\$ 140,000,000
Retiree Premiums - PPB	42,315,728	43,944,836	86,260,564
Retiree Premiums - MCO	939,309	939,309	1,878,619
Annual Required Contributions	-	-	-
Non Par Premiums	1,397,309	1,397,309	2,794,618
Life Insurance	13,755,803	13,755,803	27,511,605
Investment Income	49,671,764	49,671,764	99,343,527
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	\$ 193,079,913	\$ 194,709,020	\$ 387,788,933
Program Expenses			
Non-Medicare Medical Claims	\$ 25,845,502	\$ 27,312,667	\$ 53,158,169
Non-Medicare Prescription Drug Claims	10,268,292	11,962,260	22,230,552
Medicare Medical Claims	686,016	203,895	889,911
Medicare Prescription Drug Claims	2,145,829	650,007	2,795,836
Non-Medicare Managed Care Capitations	2,346,907	2,346,907	4,693,813
Humana MAPD Program	51,318,963	56,965,100	108,284,064
Administration	2,665,382	2,665,382	5,330,764
Life Insurance	13,979,426	13,979,426	27,958,851
Retiree Assistance Program	1,062,250	1,062,250	2,124,499
ACA Reinsurance Contributions	-	-	-
ACA Comparative Effectiveness Research Fees	-	-	-
Director's Discretionary Fund	102,224	102,224	204,448
Total Expenses	\$ 110,420,789	\$ 117,250,118	\$ 227,670,907
Fiscal Year Results	\$ 82,659,124	\$ 77,458,902	\$ 160,118,026
Beginning Restricted Reserve			\$ 1,274,103,578
Ending Restricted Reserve			\$ 1,434,221,604
Beginning Premium Stabilization Reserve			\$ 38,106,504
PSR Addition/(Drawdown)			\$ -
Ending Premium Stabilization Reserve			\$ 38,106,504
Total Beginning Plan Reserve			1,312,210,082
Total Ending Plan Reserve			\$ 1,472,328,108
Accrued Actuarial Liability (AAL)			\$ 3,337,849,000
Funded Status			39.3%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 159.80	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 4,605,943	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 257.49	Non-Medicare	9.0%	13.0%
		Medicare	9.0%	13.0%
		Capitations		7.0%
		Administrative Expense		3.0%
Number of Net New Retirees	1,400	Pay Go Monthly Premium		3.7%

**APPENDIX - BASELINE SCENARIO
RHBT - MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2022**

PERIOD 7/1/2021 - 6/30/2022

Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
Revenues			
WV PEIA Pay Go Premiums	\$ 75,352,683		\$ 75,352,683
Employer Premiums - PPB	9,611,234	552,830	10,164,065
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	45,997,216	2,645,723	48,642,939
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-		-
Non Par Premiums	1,741,759		1,741,759
Life Insurance	17,146,735		17,146,735
Investment Income	52,359,184		52,359,184
Transfer from Premium Stabilization Reserve	-		-
General Revenue Transfer (OPEB Funding)	17,353,172		17,353,172
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 219,561,983	\$ 3,198,553	\$ 222,760,536
Program Expenses			
Medicare Medical Claims	\$ 889,911	\$ -	\$ 889,911
Medicare Prescription Drug Claims	2,795,836	-	2,795,836
Humana MAPD Program	108,284,064		108,284,064
Administration	1,793,465		1,793,465
Life Insurance	17,425,483		17,425,483
Retiree Assistance Program	1,324,104		1,324,104
ACA Reinsurance Contributions	-		-
ACA Comparative Effectiveness Research Fees	-		-
Director's Discretionary Fund	-		-
Total Expenses	\$ 132,512,863	\$ -	\$ 132,512,863
Fiscal Year Results	\$ 87,049,120		\$ 90,247,673
Beginning Restricted Reserve	\$ 707,196,730		\$ 707,196,730
Ending Restricted Reserve	<u>\$ 794,245,850</u>		<u>\$ 797,444,403</u>
Beginning Premium Stabilization Reserve	\$ 20,530,453		\$ 20,530,453
PSR Addition/(Drawdown)	\$ -		\$ -
Ending Premium Stabilization Reserve	<u>\$ 20,530,453</u>		<u>\$ 20,530,453</u>
Total Beginning Plan Reserve	727,727,183		727,727,183
Total Ending Plan Reserve	<u>\$ 814,776,303</u>		<u>\$ 817,974,856</u>
Accrued Actuarial Liability (AAL)	\$ 3,337,849,000		\$ 3,337,849,000
Funded Status	41.4%		41.4%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 159.80	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 3,198,553	Eligibility	Medical	Drugs
Pay Go PEPM Subsidy for Retirees	\$ 157.78	Medicare	9.0%	13.0%
		Capitations		7.0%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		3.7%

**APPENDIX - BASELINE SCENARIO
RHBT - NON-MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2022**

PERIOD 7/1/2021 - 6/30/2022

Non-Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
Revenues			
WV PEIA Pay Go Premiums	\$ 64,647,317		\$ 64,647,317
Employer Premiums - PPB	10,047,098	506,367	10,553,465
Employer Premiums - MCO	1,052,172	53,029	1,105,201
Retiree Premiums - PPB	16,089,211	810,885	16,900,096
Retiree Premiums - MCO	736,308	37,109	773,418
Annual Required Contributions	-		-
Non Par Premiums	1,052,859		1,052,859
Life Insurance	10,364,870		10,364,870
Investment Income	46,984,344		46,984,344
Transfer from Premium Stabilization Reserve	-		-
General Revenue Transfer (OPEB Funding)	12,646,828		12,646,828
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 163,621,007	\$ 1,407,390	\$ 165,028,397
Program Expenses			
Non-Medicare Medical Claims	\$ 53,158,169	\$ -	\$ 53,158,169
Non-Medicare Prescription Drug Claims	22,230,552	-	22,230,552
Non-Medicare Managed Care Capitations	4,693,813		4,693,813
Administration	3,537,299		3,537,299
Life Insurance	10,533,368		10,533,368
Retiree Assistance Program	800,395		800,395
ACA Reinsurance Contributions	-		-
ACA Comparative Effectiveness Research Fees	-		-
Director's Discretionary Fund	204,448		204,448
Total Expenses	\$ 95,158,044	\$ -	\$ 95,158,044
Fiscal Year Results	\$ 68,462,963		\$ 69,870,353
Beginning Restricted Reserve	\$ 566,906,846		\$ 566,906,846
Ending Restricted Reserve	<u>\$ 635,369,809</u>		<u>\$ 636,777,199</u>
Beginning Premium Stabilization Reserve	\$ 17,576,051		\$ 17,576,051
PSR Addition/(Drawdown)	\$ -		\$ -
Ending Premium Stabilization Reserve	<u>\$ 17,576,051</u>		<u>\$ 17,576,051</u>
Total Beginning Plan Reserve	584,482,897		584,482,897
Total Ending Plan Reserve	<u>\$ 652,945,860</u>		<u>\$ 654,353,250</u>
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 159.80	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 1,407,390	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 977.65	Non-Medicare	9.0%	13.0%
		Capitations		7.0%
		Administrative Expense		3.0%
Number of Net New Retirees	200	Pay Go Monthly Premium		3.7%

**APPENDIX - BASELINE SCENARIO
RHBT - MEDICARE AND NON-MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2023**

PERIOD 7/1/2022 - 6/30/2023

	7/1/2022 to 12/31/2022	1/1/2023 to 6/30/2023	TRUST Total
<u>Revenues</u>			
WV PELA Pay Go Premiums	\$ 75,000,000	\$ 75,000,000	\$ 150,000,000
Retiree Premiums - PPB	44,935,968	46,692,276	91,628,244
Retiree Premiums - MCO	1,002,195	1,002,195	2,004,389
Annual Required Contributions	-	-	-
Non Par Premiums	1,355,390	1,355,390	2,710,780
Life Insurance	14,443,593	14,443,593	28,887,186
Investment Income	55,727,217	55,727,217	111,454,434
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	\$ 207,464,362	\$ 209,220,671	\$ 416,685,034
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 25,978,765	\$ 27,453,496	\$ 53,432,261
Non-Medicare Prescription Drug Claims	10,701,955	12,467,464	23,169,419
Medicare Medical Claims	748,852	223,109	971,961
Medicare Prescription Drug Claims	2,428,220	737,262	3,165,482
Non-Medicare Managed Care Capitations	2,534,659	2,534,659	5,069,318
Humana MAPD Program	57,453,593	64,072,677	121,526,270
Administration	2,745,344	2,745,344	5,490,687
Life Insurance	14,678,397	14,678,397	29,356,794
Retiree Assistance Program	1,147,230	1,147,230	2,294,459
ACA Reinsurance Contributions	-	-	-
ACA Comparative Effectiveness Research Fees	-	-	-
Director's Discretionary Fund	94,899	94,899	189,797
Total Expenses	\$ 118,511,913	\$ 126,154,535	\$ 244,666,448
Fiscal Year Results	\$ 88,952,450	\$ 83,066,136	\$ 172,018,586
Beginning Restricted Reserve			\$ 1,434,221,604
Ending Restricted Reserve			<u>\$ 1,606,240,190</u>
Beginning Premium Stabilization Reserve			\$ 38,106,504
PSR Addition/(Drawdown)			\$ -
Ending Premium Stabilization Reserve			<u>\$ 38,106,504</u>
Total Beginning Plan Reserve			1,472,328,108
Total Ending Plan Reserve			<u>\$ 1,644,346,694</u>
Accrued Actuarial Liability (AAL)			\$ 3,402,102,207
Funded Status			43.3%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 172.11	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 6,264,794	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 269.91	Non-Medicare	9.5%	13.5%
		Medicare	9.5%	13.5%
		Capitations		7.5%
		Administrative Expense		3.0%
Number of Net New Retirees	1,400	Pay Go Monthly Premium		7.1%

**APPENDIX - BASELINE SCENARIO
RHBT - MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2023**

PERIOD 7/1/2022 - 6/30/2023

Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
Revenues			
WV PEIA Pay Go Premiums	\$ 90,193,810		\$ 90,193,810
Employer Premiums - PPB	10,192,306	836,239	11,028,545
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	48,778,091	4,002,053	52,780,144
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-	-	-
Non Par Premiums	1,689,506		1,689,506
Life Insurance	18,004,072		18,004,072
Investment Income	58,742,259		58,742,259
Transfer from Premium Stabilization Reserve	-		-
General Revenue Transfer (OPEB Funding)	17,223,062		17,223,062
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 244,823,106	\$ 4,838,292	\$ 249,661,398
Program Expenses			
Medicare Medical Claims	\$ 971,961	\$ -	\$ 971,961
Medicare Prescription Drug Claims	3,165,482	-	3,165,482
Humana MAPD Program	121,526,270		121,526,270
Administration	1,847,269		1,847,269
Life Insurance	18,296,758		18,296,758
Retiree Assistance Program	1,430,032		1,430,032
ACA Reinsurance Contributions	-		-
ACA Comparative Effectiveness Research Fees	-		-
Director's Discretionary Fund	-		-
Total Expenses	\$ 147,237,772	\$ -	\$ 147,237,772
Fiscal Year Results	\$ 97,585,334		\$ 102,423,626
Beginning Restricted Reserve	\$ 797,444,403		\$ 797,444,403
Ending Restricted Reserve	<u>\$ 895,029,737</u>		<u>\$ 899,868,029</u>
Beginning Premium Stabilization Reserve	\$ 20,530,453		\$ 20,530,453
PSR Addition/(Drawdown)	\$ -		\$ -
Ending Premium Stabilization Reserve	<u>\$ 20,530,453</u>		<u>\$ 20,530,453</u>
Total Beginning Plan Reserve	817,974,856		817,974,856
Total Ending Plan Reserve	<u>\$ 915,560,191</u>		<u>\$ 920,398,482</u>
Accrued Actuarial Liability (AAL)	\$ 3,402,102,207		\$ 3,402,102,207
Funded Status	45.3%		45.3%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
Pay Go Monthly Premium for Actives	\$ 172.11			
Additional Retiree Premiums	\$ 4,838,292			
Pay Go PEPM Subsidy for Retirees	\$ 183.33	Medicare	9.5%	13.5%
		Capitations		7.5%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		7.1%

**APPENDIX - BASELINE SCENARIO
RHBT - NON-MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2023**

PERIOD 7/1/2022 - 6/30/2023

Non-Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
Revenues			
WV PEIA Pay Go Premiums	\$ 59,806,190		\$ 59,806,190
Employer Premiums - PPB	10,182,648	511,510	10,694,157
Employer Premiums - MCO	1,122,791	56,402	1,179,193
Retiree Premiums - PPB	16,306,277	819,121	17,125,398
Retiree Premiums - MCO	785,727	39,470	825,197
Annual Required Contributions	-		-
Non Par Premiums	1,021,274		1,021,274
Life Insurance	10,883,114		10,883,114
Investment Income	52,712,175		52,712,175
Transfer from Premium Stabilization Reserve	-		-
General Revenue Transfer (OPEB Funding)	12,776,938		12,776,938
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 165,597,133	\$ 1,426,502	\$ 167,023,636
Program Expenses			
Non-Medicare Medical Claims	\$ 53,432,261	\$ -	\$ 53,432,261
Non-Medicare Prescription Drug Claims	23,169,419	-	23,169,419
Non-Medicare Managed Care Capitations	5,069,318		5,069,318
Administration	3,643,418		3,643,418
Life Insurance	11,060,036		11,060,036
Retiree Assistance Program	864,427		864,427
ACA Reinsurance Contributions	-		-
ACA Comparative Effectiveness Research Fees	-		-
Director's Discretionary Fund	189,797		189,797
Total Expenses	\$ 97,428,676	\$ -	\$ 97,428,676
Fiscal Year Results	\$ 68,168,457		\$ 69,594,960
Beginning Restricted Reserve	\$ 636,777,199		\$ 636,777,199
Ending Restricted Reserve	<u>\$ 704,945,657</u>		<u>\$ 706,372,159</u>
Beginning Premium Stabilization Reserve	\$ 17,576,051		\$ 17,576,051
PSR Addition/(Drawdown)	\$ -		\$ -
Ending Premium Stabilization Reserve	<u>\$ 17,576,051</u>		<u>\$ 17,576,051</u>
Total Beginning Plan Reserve	654,353,250		654,353,250
Total Ending Plan Reserve	<u>\$ 722,521,708</u>		<u>\$ 723,948,210</u>
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 172.11	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 1,426,502	Eligibility	Medical	Drugs
Pay Go PEPM Subsidy for Retirees	\$ 937.95	Non-Medicare	9.5%	13.5%
		Capitations		7.5%
		Administrative Expense		3.0%
Number of Net New Retirees	200	Pay Go Monthly Premium		7.1%

**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

Need Update for Premiums

	7/1/2023 to 12/31/2023	1/1/2024 to 6/30/2024	TRUST Total
<u>Revenues</u>			
WV PELA Pay Go Premiums	\$ 80,000,000	\$ 80,000,000	\$ 160,000,000
Retiree Premiums - PPB	51,727,793	52,280,208	104,008,001
Retiree Premiums - MCO	1,054,746	1,054,746	2,109,492
Annual Required Contributions	-	-	-
Non Par Premiums	1,314,728	1,314,728	2,629,456
Life Insurance	15,165,773	15,165,773	30,331,545
Investment Income	62,234,554	62,234,554	124,469,109
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	\$ 226,497,594	\$ 227,050,009	\$ 453,547,603
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 26,232,244	\$ 27,721,364	\$ 53,953,608
Non-Medicare Prescription Drug Claims	11,203,184	13,051,382	24,254,566
Medicare Medical Claims	821,189	245,249	1,066,438
Medicare Prescription Drug Claims	2,759,917	839,916	3,599,833
Non-Medicare Managed Care Capitations	2,737,432	2,737,432	5,474,863
Humana MAPD Program	64,622,119	72,402,267	137,024,386
Administration	2,827,704	2,827,704	5,655,408
Life Insurance	15,412,317	15,412,317	30,824,634
Retiree Assistance Program	1,239,008	1,239,008	2,478,015
ACA Reinsurance Contributions	-	-	-
ACA Comparative Effectiveness Research Fees	-	-	-
Director's Discretionary Fund	88,048	88,048	176,096
Total Expenses	\$ 127,943,161	\$ 136,564,686	\$ 264,507,847
Fiscal Year Results	\$ 98,554,433	\$ 90,485,323	\$ 189,039,756
Beginning Restricted Reserve			\$ 1,606,240,190
Ending Restricted Reserve			\$ 1,795,279,946
Beginning Premium Stabilization Reserve			\$ 38,106,504
PSR Addition/(Drawdown)			\$ -
Ending Premium Stabilization Reserve			\$ 38,106,504
Total Beginning Plan Reserve			1,644,346,694
Total Ending Plan Reserve			\$ 1,833,386,450
Accrued Actuarial Liability (AAL)			\$ 3,461,788,072
Funded Status			47.5%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		Eligibility	Medical	Drugs
Pay Go Monthly Premium for Actives	\$ 183.88			
Additional Retiree Premiums	\$ 6,977,387			
Pay Go PEPM Subsidy for Retirees	\$ 281.79	Non-Medicare	10.0%	14.0%
		Medicare	10.0%	14.0%
		Capitations		8.0%
		Administrative Expense		3.0%
Number of Net New Retirees	1,400	Pay Go Monthly Premium		6.7%

**APPENDIX - BASELINE SCENARIO
RHBT - MEDICARE**

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

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

Need Update for Premiums

Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 96,206,731		\$ 96,206,731
Employer Premiums - PPB	7,638,871		7,638,871
Employer Premiums - MCO	-		-
Retiree Premiums - PPB	56,456,531	4,892,631	61,349,162
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-		-
Non Par Premiums	1,638,821		1,638,821
Life Insurance	18,904,276		18,904,276
Investment Income	65,601,666		65,601,666
Transfer from Premium Stabilization Reserve	-		-
General Revenue Transfer (OPEB Funding)	18,033,152		18,033,152
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 264,480,048	\$ 4,892,631	\$ 269,372,679
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 1,066,438	\$ -	\$ 1,066,438
Medicare Prescription Drug Claims	3,599,833	-	3,599,833
Humana MAPD Program	137,024,386		137,024,386
Administration	1,902,687		1,902,687
Life Insurance	19,211,595		19,211,595
Retiree Assistance Program	1,544,435		1,544,435
ACA Reinsurance Contributions	-		-
ACA Comparative Effectiveness Research Fees	-		-
Director's Discretionary Fund	-		-
Total Expenses	\$ 164,349,374	\$ -	\$ 164,349,374
Fiscal Year Results	\$ 100,130,674		\$ 105,023,305
Beginning Restricted Reserve	\$ 899,868,029		\$ 899,868,029
Ending Restricted Reserve	<u>\$ 999,998,703</u>		<u>\$ 1,004,891,334</u>
Beginning Premium Stabilization Reserve	\$ 20,530,453		\$ 20,530,453
PSR Addition/(Drawdown)	\$ -		\$ -
Ending Premium Stabilization Reserve	<u>\$ 20,530,453</u>		<u>\$ 20,530,453</u>
Total Beginning Plan Reserve	920,398,482		920,398,482
Total Ending Plan Reserve	<u>\$ 1,020,529,157</u>		<u>\$ 1,025,421,788</u>
Accrued Actuarial Liability (AAL)	\$ 3,461,788,072		\$ 3,461,788,072
Funded Status	49.9%		49.9%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 183.88	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 4,892,631	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 189.99	Medicare	10.0%	14.0%
		Capitations		8.0%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		6.7%

**APPENDIX - BASELINE SCENARIO
RHBT - NON-MEDICARE**

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

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

Need Update for Premiums

Non-Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
Revenues			
WV PEIA Pay Go Premiums	\$ 63,793,269		\$ 63,793,269
Employer Premiums - PPB	10,017,526		10,017,526
Employer Premiums - MCO	936,642		936,642
Retiree Premiums - PPB	23,011,099	1,991,343	25,002,442
Retiree Premiums - MCO	1,079,437	93,413	1,172,850
Annual Required Contributions	-		-
Non Par Premiums	990,635		990,635
Life Insurance	11,427,269		11,427,269
Investment Income	58,867,443		58,867,443
Transfer from Premium Stabilization Reserve	-		-
General Revenue Transfer (OPEB Funding)	11,966,848		11,966,848
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 182,090,168	\$ 2,084,756	\$ 184,174,924
Program Expenses			
Non-Medicare Medical Claims	\$ 53,953,608	\$ -	\$ 53,953,608
Non-Medicare Prescription Drug Claims	24,254,566	-	24,254,566
Non-Medicare Managed Care Capitations	5,474,863		5,474,863
Administration	3,752,721		3,752,721
Life Insurance	11,613,038		11,613,038
Retiree Assistance Program	933,581		933,581
ACA Reinsurance Contributions	-		-
ACA Comparative Effectiveness Research Fees	-		-
Director's Discretionary Fund	176,095		176,095
Total Expenses	\$ 100,158,472	\$ -	\$ 100,158,472
Fiscal Year Results	\$ 81,931,696		\$ 84,016,452
Beginning Restricted Reserve	\$ 706,372,159		\$ 706,372,159
Ending Restricted Reserve	<u>\$ 788,303,855</u>		<u>\$ 790,388,611</u>
Beginning Premium Stabilization Reserve	\$ 17,576,051		\$ 17,576,051
PSR Addition/(Drawdown)	\$ -		\$ -
Ending Premium Stabilization Reserve	<u>\$ 17,576,051</u>		<u>\$ 17,576,051</u>
Total Beginning Plan Reserve	723,948,210		723,948,210
Total Ending Plan Reserve	<u>\$ 805,879,906</u>		<u>\$ 807,964,662</u>
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 183.88	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 2,084,756	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 1,038.91	Non-Medicare	10.0%	14.0%
		Capitations		8.0%
		Administrative Expense		3.0%
Number of Net New Retirees	200	Pay Go Monthly Premium		6.7%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2019 to FY 2020**

Fiscal Year 2019

Exposure

	<u>Jul-18</u>	<u>Aug-18</u>	<u>Sep-18</u>	<u>Oct-18</u>	<u>Nov-18</u>	<u>Dec-18</u>	<u>Jan-19</u>	<u>Feb-19</u>	<u>Mar-19</u>	<u>Apr-19</u>	<u>May-19</u>	<u>Jun-19</u>
NonMed_NonDrug	15,984	16,420	16,066	15,867	15,659	15,446	15,321	15,159	14,960	14,793	14,654	14,516
Med_NonDrug	1,691	1,968	2,166	2,365	2,563	2,791	336	510	654	808	957	1,104
NonMed_Drug	14,810	15,213	14,884	14,703	14,509	14,311	14,196	14,046	13,862	13,707	13,580	13,451
Med_Drug	1,761	2,050	2,256	2,463	2,670	2,907	350	531	681	842	997	1,150

	<u>Jul-18</u>	<u>Aug-18</u>	<u>Sep-18</u>	<u>Oct-18</u>	<u>Nov-18</u>	<u>Dec-18</u>	<u>Jan-19</u>	<u>Feb-19</u>	<u>Mar-19</u>	<u>Apr-19</u>	<u>May-19</u>	<u>Jun-19</u>
NonMed_NonDrug	\$227.68	\$339.25	\$255.63	\$329.56	\$256.42	\$200.59	\$282.78	\$300.35	\$270.73	\$319.73	\$312.20	\$299.34
Med_NonDrug	180.20	184.61	235.83	187.52	201.52	242.89	757.23	406.92	419.38	362.68	333.97	209.12
NonMed_Drug	156.08	155.56	149.42	187.47	164.77	167.11	202.34	177.27	195.11	215.94	206.43	198.93
Med_Drug	<u>391.78</u>	<u>428.51</u>	<u>358.30</u>	<u>423.32</u>	<u>383.58</u>	<u>379.17</u>	<u>588.06</u>	<u>368.31</u>	<u>416.43</u>	<u>410.98</u>	<u>370.07</u>	<u>369.88</u>
Total	\$955.73	\$1,107.94	\$999.17	\$1,127.86	\$1,006.28	\$989.76	\$1,830.41	\$1,252.85	\$1,301.65	\$1,309.32	\$1,222.67	\$1,077.27

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	24.1%	41.9%	13.8%	29.3%	-4.2%	-5.2%	-18.5%	9.8%	-12.2%	-9.4%	-10.3%	-12.1%
Med_NonDrug	1.4%	13.5%	63.0%	7.9%	36.6%	61.4%	83.3%	64.2%	23.1%	70.6%	80.7%	-19.8%
NonMed_Drug	-18.2%	9.1%	28.8%	0.5%	22.6%	29.3%	18.9%	45.9%	39.9%	35.9%	28.3%	20.5%
Med_Drug	<u>1.9%</u>	<u>14.7%</u>	<u>8.4%</u>	<u>18.0%</u>	<u>25.7%</u>	<u>25.4%</u>	<u>-4.4%</u>	<u>-31.0%</u>	<u>-6.0%</u>	<u>-12.5%</u>	<u>-6.9%</u>	<u>-14.0%</u>
Total	2.1%	20.7%	22.5%	15.8%	17.7%	24.7%	18.4%	6.5%	5.7%	9.6%	12.1%	-10.0%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug			27.1%			7.1%			-8.1%			-10.6%
Med_NonDrug			23.8%			33.9%			58.1%			37.6%
NonMed_Drug			2.6%			15.4%			33.3%			28.1%
Med_Drug			8.3%			22.8%			-13.8%			-11.3%
Total			14.7%			19.1%			10.9%			3.7%

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug			13.2%			14.2%			10.9%			1.3%
Med_NonDrug			14.6%			18.3%			41.4%			42.2%
NonMed_Drug			2.3%			4.2%			13.2%			19.9%
Med_Drug			<u>32.1%</u>			<u>34.8%</u>			<u>8.2%</u>			<u>-1.1%</u>
Total			18.2%			20.6%			16.4%			11.4%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2019 to FY 2020**

Fiscal Year 2020

Exposure

	<u>Jul-19</u>	<u>Aug-19</u>	<u>Sep-19</u>	<u>Oct-19</u>	<u>Nov-19</u>	<u>Dec-19</u>	<u>Jan-20</u>	<u>Feb-20</u>
NonMed_NonDrug	14,745	14,846	14,782	14,697	14,478	14,336	14,177	14,203
Med_NonDrug	1,366	1,595	1,801	2,008	2,185	2,412	214	381
NonMed_Drug	13,665	13,757	13,698	13,619	13,417	13,285	13,139	13,164
Med_Drug	1,422	1,661	1,876	2,092	2,276	2,513	223	397

	<u>Jul-19</u>	<u>Aug-19</u>	<u>Sep-19</u>	<u>Oct-19</u>	<u>Nov-19</u>	<u>Dec-19</u>	<u>Jan-20</u>	<u>Feb-20</u>
NonMed_NonDrug	\$235.50	\$243.34	\$247.38	\$269.55	\$236.72	\$260.47	\$305.02	\$324.82
Med_NonDrug	265.56	214.69	201.39	236.68	227.00	219.26	690.31	416.43
NonMed_Drug	191.89	197.17	176.82	201.85	187.13	200.32	208.78	200.57
Med_Drug	<u>334.86</u>	<u>358.07</u>	<u>346.00</u>	<u>375.94</u>	<u>345.71</u>	<u>367.95</u>	<u>391.75</u>	<u>430.92</u>
Total	\$1,027.81	\$1,013.27	\$971.59	\$1,084.03	\$996.55	\$1,048.00	\$1,595.86	\$1,372.75

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	3.4%	-28.3%	-3.2%	-18.2%	-7.7%	29.9%	7.9%	8.1%
Med_NonDrug	47.4%	16.3%	-14.6%	26.2%	12.6%	-9.7%	-8.8%	2.3%
NonMed_Drug	22.9%	26.7%	18.3%	7.7%	13.6%	19.9%	3.2%	13.1%
Med_Drug	<u>-14.5%</u>	<u>-16.4%</u>	<u>-3.4%</u>	<u>-11.2%</u>	<u>-9.9%</u>	<u>-3.0%</u>	<u>-33.4%</u>	<u>17.0%</u>
Total	7.5%	-8.5%	-2.8%	-3.9%	-1.0%	5.9%	-12.8%	9.6%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug	-11.7%	-2.5%
Med_NonDrug	13.5%	8.1%
NonMed_Drug	22.7%	13.5%
Med_Drug	<u>-11.8%</u>	<u>-8.1%</u>
Total	-1.6%	0.1%

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug	-6.5%	-8.4%
Med_NonDrug	39.2%	33.2%
NonMed_Drug	24.8%	24.0%
Med_Drug	<u>-5.7%</u>	<u>-11.5%</u>
Total	7.7%	3.8%