

STATE OF WEST VIRGINIA



RETIREE HEALTH BENEFIT TRUST FUND

**Quarterly Report
December 31, 2021**

Fiscal Years 2022-2026

Report Date: April 2022

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 2026. 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, 2022 (“FY 2022”), June 30, 2023 (“FY 2023”), June 30, 2024 (“FY 2024”), June 30, 2025 (“FY 2025”) and June 30, 2026 (“FY 2026”). Our opinion of plan adequacy is based on the projections through FY 2026 using updated future revenue and plan modifications provided by the Board in the plan adopted in December 2021.

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 2022 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 2022 the Pay-Go is equivalent to \$144 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 2021.

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 2022 through FY 2026 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 2026 as approved by the Board in December 2021.

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 2022 – FY 2026

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 2022 for prescription drugs and medical claims. Enrollment data, administrative expenses, managed care capitations, and plan revenues were provided at special request from RHBT. Revenue assumptions are based on premium rates, assumed investment income and significant general and special revenue allocations provided by the Governor, some which have not been approved by the West Virginia Legislature. In addition, other information became available through presentations made at Board meetings, which has been used in arriving at our conclusions.

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

KEY ASSUMPTIONS

A. Enrollment Changes

The Board has requested that the projection assume retiree enrollment growth consistent with the experience of the plan. These projections assume that the Trust Fund will annually have 1,000 additional policies. We have observed a net increase of 1 policy from June 2021 to March 2022. Continuing Care Actuaries has updated the claims analysis based on the enrollment through March 2022.

In aggregate, March 2022 enrollment has increased by 1 coverage since the end of FY 2021. Aggregate Preferred Provider Benefit (“PPB”) enrollment has increased by 6 in total over the same period, while managed care enrollment continues to cover fewer participants, with a decrease of 5 coverages. For MAPD Capitations, the average of 51,954 Medicare policyholders in FY 2022 was used to calculate the capitation cost.

The following chart summarizes the current enrollment as of the selected monthly billing dates of June 2020, June 2021, and March 2022 for purposes of comparison:

Trust Fund	Coverage	Preferred Provider Benefit*			Managed Care		
		Jun-20	Jun-21	Dec-21	Jun-20	Jun-21	Dec-21
Retirees	Medicare Single	21,594	21,636	21,820	-	-	-
	<u>Medicare Family</u>	<u>16,058</u>	<u>16,170</u>	<u>16,148</u>	-	-	-
	Medicare Total	37,652	37,806	37,968	-	-	-
	Non-Medicare Single	2,396	2,295	2,255	111	115	114
	<u>Non-Medicare Family</u>	<u>2,994</u>	<u>2,714</u>	<u>2,598</u>	<u>117</u>	<u>104</u>	<u>100</u>
	Non-Medicare Total	5,390	5,009	4,853	228	219	214
	Retiree Total	43,042	42,815	42,821	228	219	214
Grand Total				43,270	43,034	43,035	

* The majority of PPB is capitated through Humana. As of February 2022, there are approximately 326 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, 2021 Fiscal Years 2022-2026 Report”.

C. Trend Analysis

RHBT experienced a lower medical trend and a higher prescription drugs trend in FY 2021, 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 FY2021 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 2022 medical claim trend is 6.0%, the gross prescription drugs claim trend is 13.5% and the prescription drugs rebate trend is 15.0%.

The current trend projection is shown in the following table:

Claim Type	Previous Assumption FY 2022 Trend	Updated Assumption FY 2022 Trend
Non-Medicare – Medical	6.0%	6.0%
Medicare – Medical	6.0%	6.0%
Non-Medicare – Gross Drugs	13.5%	13.5%
Medicare – Gross Drugs	13.5%	13.5%
Prescription Drugs Rebate	15.0%	15.0%

In the past, claim trends for the financial plan included a 0.5% margin in future years. CCA has assumed the drugs claim trends for the financial projection will increase by 0.5% in FY 2023 and in each successive fiscal year. Medical trends are assumed to increase 1.0% in FY 2023, and then 0.5% thereafter. Additionally, drug rebates have been trending at approximately 30% 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 15% 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 February 2022. 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	43%	2%	-1%	20%	8%
2020	18%	-9%	1%	12%	-2%
2021	-8%	16%	14%	7%	13%
2022*	-6%	25%	-6%	17%	19%

* Fiscal Year 2022 results are through the first eight months ending February 2022. 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 2022 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 2022 claims and expenses are summarized in the following chart. It should be noted that the chart reflects per policy information.

Fiscal Year 2022 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	38,107			\$ 77**	\$ 169**	\$ 140
	<u>Non-Medicare</u>	<u>4,964</u>			\$ 939	\$ 340	
	Total	43,071	\$0	\$148			
	<u>Non-Medicare Managed Care</u>	<u>213</u>	\$0	\$620			\$ 1,406
	Total	43,284					

*Net of rebates and subsidies.

** As of February 2022, there are approximately 326 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 2021.

Board Decisions – December 2021

Source	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024	Fiscal Year 2025	Fiscal Year 2026
Additional Non-Medicare Retiree Premium (Fiscal Year)	\$979,317	\$0	\$1,204,317	\$1,212,611	\$1,219,062
Additional Medicare Retiree Premium (Calendar Year)	(\$6,174,773)	\$0	\$3,913,219	\$4,187,749	\$4,481,125
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)	\$34,448,616	\$34,019,151	\$0	\$0	\$0
Pay Go Premium Transfer	\$75,000,000	\$60,000,000	\$20,000,000	\$30,000,000	\$40,000,000
Actuarial Accrued Liability*	\$1,663,727,440	\$1,686,322,024	\$1,704,800,458	\$1,715,909,460	\$1,719,565,219
Funded Status	100.5%	101.6%	109.5%	115.5%	122.3%

*Projected Result

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

Additionally, RHBT management has assumed that the Retiree Premium Assistance Program will grow as a direct result from the required retiree premium increases in the financial plan. The program's cost is currently projected to grow from \$1,549,281 in FY 2022 to \$2,107,780 in FY 2026, based on the Board's direction and projected retiree enrollment growth in the financial plan.

In FY 2022, the ACA PCORI fee is approximately \$2.79 per person per year.

Under the new PBM contract terms effective on July 1, 2022, an estimated gross drug savings of \$20,000,000 has been allocated between PEIA and RHBT drugs claims in FY 2023. Under this contract, an estimated \$20,000,000 of drug rebates have been added to the plan in 2023 as well.

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 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 \$22,023,354 and incurred plan expenses of \$180,572,848 to produce a fiscal year deficit of (\$158,549,494) after the Premium Stabilization Reserve addition of \$200,000,000. The PEIA local and state agencies Pay Go premiums for FY 2022 are assumed to be \$75,000,000.

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 \$324,079,645 and incurred plan expenses of \$164,992,477 to produce a fiscal year surplus of \$159,087,167 after the Premium Stabilization Reserve drawdown of \$4,586,290. The PEIA local and state agencies Pay Go premiums for FY 2023 are assumed to be \$60,000,000.

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 \$351,892,305 and incurred plan expenses of \$181,148,524 to produce a fiscal year surplus of \$170,743,781 after the Premium Stabilization Reserve drawdown of \$56,406,893. The PEIA local and state agencies Pay Go premiums for FY 2024 are assumed to be \$20,000,000.

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 \$377,621,905 and incurred plan expenses of \$198,226,214 to produce a fiscal year surplus of \$179,395,690 after the Premium Stabilization Reserve drawdown of \$57,773,386. The PEIA local and state agencies Pay Go premiums for FY 2025 are assumed to be \$30,000,000.

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 \$405,534,818 and incurred plan expenses of \$216,932,382 to produce a fiscal year surplus of \$188,602,436 after the Premium Stabilization Reserve drawdown of \$60,450,362. The PEIA local and state agencies Pay Go premiums for FY 2026 are assumed to be \$40,000,000.

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 2026. These projections are based on significant revenue increases as contained in the financial plan adopted by the Board in December 2021 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 2022**

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

	7/1/2021 to 12/31/2021	1/1/2022 to 6/30/2022	TRUST Total
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 37,500,000	\$ 37,500,000	\$ 75,000,000
Retiree Premiums - PPB	39,045,598	37,466,116	76,511,714
Retiree Premiums - MCO	744,437	839,564	1,584,001
Annual Required Contributions	-	-	-
Non Par Premiums	1,063,060	1,063,060	2,126,119
Life Insurance	13,400,760	13,400,760	26,801,520
Investment Income	5,000,000	5,000,000	10,000,000
Transfer from Premium Stabilization Reserve	(102,155,989)	(97,844,011)	(200,000,000)
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 9,597,866	\$ 12,425,488	\$ 22,023,354
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 27,677,701	\$ 28,259,366	\$ 55,937,067
Gross Non-Medicare Prescription Drug Claims	18,007,550	19,031,369	37,038,919
Non-Medicare Prescription Drug Rebates	(8,152,152)	(8,615,642)	(16,767,794)
Medicare Medical Claims	892,343	314,655	1,206,998
Gross Medicare Prescription Drug Claims	3,691,648	1,349,591	5,041,239
Medicare Prescription Drug Rebates	(1,671,236)	(610,970)	(2,282,206)
Non-Medicare Managed Care Capitations	1,796,806	1,796,806	3,593,611
Humana MAPD Program	43,814,891	20,138,043	63,952,933
Administration	2,134,256	2,134,256	4,268,511
Life Insurance	13,454,290	13,454,290	26,908,579
Wellness	-	-	-
Retiree Assistance Program	774,641	774,641	1,549,281
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	15,147	15,147	30,293
Director's Discretionary Fund	47,709	47,709	95,417
Total Expenses	\$ 102,483,591	\$ 78,089,258	\$ 180,572,848
Fiscal Year Results	\$ (92,885,725)	\$ (65,663,769)	\$ (158,549,494)
Beginning Restricted Reserve			\$ 1,603,235,821
Ending Restricted Reserve			<u>\$ 1,444,686,327</u>
Beginning Premium Stabilization Reserve			\$ 68,106,504
PSR Addition/(Drawdown)			\$ 200,000,000
Ending Premium Stabilization Reserve			<u>\$ 268,106,504</u>
Total Beginning Plan Reserve			1,671,342,325
Total Ending Plan Reserve			<u>\$ 1,712,792,831</u>
Accrued Actuarial Liability (AAL)			\$ 1,663,727,440
Funded Status			100.5%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 83.01	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ (2,773,397)	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 144.39	Non-Medicare	6.0%	13.5%
		Medicare	6.0%	13.5%
		Prescription Drug Rebates		0.0%
		Capitations		7.0%
		Administrative Expense		-4.4%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		-45.4%

**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
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 42,500,683		\$ 42,500,683
Employer Premiums - PPB	9,466,063	(3,295,955)	6,170,108
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	45,190,151	(456,760)	44,733,392
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-	-	-
Non Par Premiums	1,396,858		1,396,858
Life Insurance	17,608,572		17,608,572
Investment Income	5,526,817		5,526,817
Transfer from Premium Stabilization Reserve	(161,136,413)		(161,136,413)
General Revenue Transfer (OPEB Funding)	16,632,737		16,632,737
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ (22,814,532)	\$ (3,752,715)	\$ (26,567,246)
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 1,206,998	\$ -	\$ 1,206,998
Gross Medicare Prescription Drug Claims	5,041,239	-	5,041,239
Medicare Prescription Drug Rebates	(2,282,206)		(2,282,206)
Humana MAPD Program	63,952,933		63,952,933
Administration	1,575,624		1,575,624
Life Insurance	17,678,910		17,678,910
Wellness	-		-
Retiree Assistance Program	1,017,876		1,017,876
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	5,601		5,601
Director's Discretionary Fund	-		-
Total Expenses	\$ 88,196,975	\$ -	\$ 88,196,975
Fiscal Year Results	\$ (111,011,506)		\$ (114,764,221)
Beginning Restricted Reserve	\$ 876,228,628		\$ 876,228,628
Ending Restricted Reserve	\$ 765,217,122		\$ 761,464,408
Beginning Premium Stabilization Reserve	\$ 47,491,606		\$ 47,491,606
PSR Addition/(Drawdown)	\$ 161,136,413		\$ 161,136,413
Ending Premium Stabilization Reserve	\$ 208,628,018		\$ 208,628,018
Total Beginning Plan Reserve	923,720,234		923,720,234
Total Ending Plan Reserve	\$ 973,845,141		\$ 970,092,426
Accrued Actuarial Liability (AAL)	\$ 1,663,727,440		\$ 1,663,727,440
Funded Status	100.1%		100.2%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		Eligibility	Medical	Gross Drugs
Pay Go Monthly Premium for Actives	\$ 83.01			
Additional Retiree Premiums	\$ (3,752,715)			
Pay Go PEPM Subsidy for Retirees	\$ 92.94	Medicare	6.0%	13.5%
		Prescription Drug Rebates		0.0%
		Capitations		7.0%
		Administrative Expense		-4.4%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		-45.4%

**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	\$ 32,499,317		\$ 32,499,317
Employer Premiums - PPB	9,482,473	(1,952,751)	7,529,722
Employer Premiums - MCO	937,096	(245,138)	691,958
Retiree Premiums - PPB	15,140,563	2,937,929	18,078,493
Retiree Premiums - MCO	652,766	239,278	892,043
Annual Required Contributions	-		-
Non Par Premiums	729,261		729,261
Life Insurance	9,192,948		9,192,948
Investment Income	4,473,183		4,473,183
Transfer from Premium Stabilization Reserve	(38,863,587)		(38,863,587)
General Revenue Transfer (OPEB Funding)	13,367,263		13,367,263
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 47,611,283	\$ 979,317	\$ 48,590,600
Program Expenses			
Non-Medicare Medical Claims	\$ 55,937,067	\$ -	\$ 55,937,067
Gross Non-Medicare Prescription Drug Claims	37,038,919	-	37,038,919
Non-Medicare Prescription Drug Rebates	(16,767,794)		(16,767,794)
Non-Medicare Managed Care Capitations	3,593,611		3,593,611
Administration	2,692,887		2,692,887
Life Insurance	9,229,669		9,229,669
Wellness	-		-
Retiree Assistance Program	531,405		531,405
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	24,692		24,692
Director's Discretionary Fund	95,417		95,417
Total Expenses	\$ 92,375,874	\$ -	\$ 92,375,874
Fiscal Year Results	\$ (44,764,591)		\$ (43,785,274)
Beginning Restricted Reserve	\$ 727,007,192		\$ 727,007,192
Ending Restricted Reserve	\$ 682,242,601		\$ 683,221,919
Beginning Premium Stabilization Reserve	\$ 20,614,898		\$ 20,614,898
PSR Addition/(Drawdown)	\$ 38,863,587		\$ 38,863,587
Ending Premium Stabilization Reserve	\$ 59,478,486		\$ 59,478,486
Total Beginning Plan Reserve	747,622,091		747,622,091
Total Ending Plan Reserve	\$ 741,721,087		\$ 742,700,404
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		Eligibility	Medical	Gross Drugs
Pay Go Monthly Premium for Actives	\$ 83.01			
Additional Retiree Premiums	\$ 979,317			
Pay Go PEPM Subsidy for Retirees	\$ 523.14	Non-Medicare	6.0%	13.5%
		Prescription Drug Rebates		0.0%
		Capitations		7.0%
		Administrative Expense		-4.4%
Number of Net New Retirees	(200)	Pay Go Monthly Premium		-45.4%

**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 PEIA Pay Go Premiums	\$ 30,000,000	\$ 30,000,000	\$ 60,000,000
Retiree Premiums - PPB	34,247,584	34,348,480	68,596,064
Retiree Premiums - MCO	803,096	803,096	1,606,192
Annual Required Contributions	-	-	-
Non Par Premiums	1,031,168	1,031,168	2,062,335
Life Insurance	14,070,798	14,070,798	28,141,596
Investment Income	64,543,584	64,543,584	129,087,167
Transfer from Premium Stabilization Reserve	2,337,961	2,248,329	4,586,290
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 162,034,191	\$ 162,045,454	\$ 324,079,645
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 29,712,776	\$ 30,481,264	\$ 60,194,040
Gross Non-Medicare Prescription Drug Claims	19,680,755	20,845,879	40,526,634
Non-Medicare Prescription Drug Rebates	(10,153,244)	(10,730,507)	(20,883,751)
Medicare Medical Claims	920,237	326,104	1,246,341
Gross Medicare Prescription Drug Claims	3,867,199	1,417,055	5,284,254
Medicare Prescription Drug Rebates	(1,999,037)	(730,807)	(2,729,844)
Non-Medicare Managed Care Capitations	1,940,550	1,940,550	3,881,100
Humana MAPD Program	19,767,631	23,157,872	42,925,503
Administration	2,198,284	2,198,284	4,396,567
Life Insurance	14,127,004	14,127,004	28,254,008
Wellness	-	-	-
Retiree Assistance Program	836,612	836,612	1,673,223
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	15,578	15,578	31,156
Director's Discretionary Fund	96,624	96,624	193,248
Total Expenses	\$ 81,010,967	\$ 83,981,510	\$ 164,992,477
Fiscal Year Results	\$ 81,023,223	\$ 78,063,944	\$ 159,087,167
Beginning Restricted Reserve			\$ 1,444,686,327
Ending Restricted Reserve			<u>\$ 1,603,773,494</u>
Beginning Premium Stabilization Reserve			\$ 268,106,504
PSR Addition/(Drawdown)			\$ (4,586,290)
Ending Premium Stabilization Reserve			<u>\$ 263,520,214</u>
Total Beginning Plan Reserve			1,712,792,831
Total Ending Plan Reserve			<u>\$ 1,867,293,708</u>
Accrued Actuarial Liability (AAL)			\$ 1,686,322,024
Funded Status			101.6%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		Eligibility	Medical	Gross Drugs
Pay Go Monthly Premium for Actives	\$ 66.41			
Additional Retiree Premiums	\$ (4,440,869)			
Pay Go PEPM Subsidy for Retirees	\$ 114.08	Non-Medicare	7.0%	14.0%
		Medicare	7.0%	14.0%
		Prescription Drug Rebates		23.3%
		Capitations		14.4%
		Administrative Expense		3.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		-20.0%

**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
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 21,835,198		\$ 21,835,198
Employer Premiums - PPB	8,590,090	(767,549)	7,822,541
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	41,110,247	(3,673,319)	37,436,928
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-	-	-
Non Par Premiums	1,354,952		1,354,952
Life Insurance	18,489,001		18,489,001
Investment Income	73,112,452		73,112,452
Transfer from Premium Stabilization Reserve	3,691,531		3,691,531
General Revenue Transfer (OPEB Funding)	18,425,326		18,425,326
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 186,608,797	\$ (4,440,869)	\$ 182,167,929
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 1,246,341	\$ -	\$ 1,246,341
Gross Medicare Prescription Drug Claims	5,561,365	(277,112)	5,284,253
Medicare Prescription Drug Rebates	(2,729,844)		(2,729,844)
Humana MAPD Program	42,925,503		42,925,503
Administration	1,622,893		1,622,893
Life Insurance	18,562,856		18,562,856
Wellness	-		-
Retiree Assistance Program	1,099,306		1,099,306
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	7,746		7,746
Director's Discretionary Fund	-		-
Total Expenses	\$ 68,296,166	\$ (277,112)	\$ 68,019,054
Fiscal Year Results	\$ 118,312,631		\$ 114,148,874
Beginning Restricted Reserve	\$ 761,464,408		\$ 761,464,408
Ending Restricted Reserve	<u>\$ 879,777,038</u>		<u>\$ 875,613,282</u>
Beginning Premium Stabilization Reserve	\$ 208,628,018		\$ 208,628,018
PSR Addition/(Drawdown)	\$ (3,691,531)		\$ (3,691,531)
Ending Premium Stabilization Reserve	<u>\$ 204,936,487</u>		<u>\$ 204,936,487</u>
Total Beginning Plan Reserve	970,092,426		970,092,426
Total Ending Plan Reserve	<u>\$ 1,084,713,526</u>		<u>\$ 1,080,549,769</u>
Accrued Actuarial Liability (AAL)	\$ 1,686,322,024		\$ 1,686,322,024
Funded Status	104.1%		104.2%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 66.41	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ (4,440,869)	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 46.75	Medicare	7.0%	14.0%
		Prescription Drug Rebates		23.3%
		Capitations		14.4%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		-20.0%

**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
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 38,164,802		\$ 38,164,802
Employer Premiums - PPB	8,970,856	-	8,970,856
Employer Premiums - MCO	944,931	-	944,931
Retiree Premiums - PPB	14,365,739	-	14,365,739
Retiree Premiums - MCO	661,261	-	661,261
Annual Required Contributions	-		-
Non Par Premiums	707,383		707,383
Life Insurance	9,652,595		9,652,595
Investment Income	55,974,715		55,974,715
Transfer from Premium Stabilization Reserve	894,759		894,759
General Revenue Transfer (OPEB Funding)	11,574,674		11,574,674
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 141,911,716	\$ -	\$ 141,911,716
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 60,194,040	\$ -	\$ 60,194,040
Gross Non-Medicare Prescription Drug Claims	42,562,624	(2,035,990)	40,526,634
Non-Medicare Prescription Drug Rebates	(20,883,751)		(20,883,751)
Non-Medicare Managed Care Capitations	3,881,100		3,881,100
Administration	2,773,674		2,773,674
Life Insurance	9,691,152		9,691,152
Wellness	-		-
Retiree Assistance Program	573,917		573,917
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	23,409		23,409
Director's Discretionary Fund	193,248		193,248
Total Expenses	\$ 99,009,413	\$ (2,035,990)	\$ 96,973,423
Fiscal Year Results	\$ 42,902,303		\$ 44,938,293
Beginning Restricted Reserve	\$ 683,221,919		\$ 683,221,919
Ending Restricted Reserve	\$ 726,124,222		\$ 728,160,212
Beginning Premium Stabilization Reserve	\$ 59,478,486		\$ 59,478,486
PSR Addition/(Drawdown)	\$ (894,759)		\$ (894,759)
Ending Premium Stabilization Reserve	\$ 58,583,727		\$ 58,583,727
Total Beginning Plan Reserve	742,700,404		742,700,404
Total Ending Plan Reserve	\$ 784,707,948		\$ 786,743,938
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	\$ 66.41			
Additional Retiree Premiums	\$ -			
Pay Go PEPM Subsidy for Retirees	\$ 647.81	Non-Medicare	7.0%	14.0%
		Prescription Drug Rebates		23.3%
		Capitations		14.4%
		Administrative Expense		3.0%
Number of Net New Retirees	(200)	Pay Go Monthly Premium		-20.0%

**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	\$ 10,000,000	\$ 10,000,000	\$ 20,000,000
Retiree Premiums - PPB	35,112,934	36,382,944	71,495,878
Retiree Premiums - MCO	848,306	848,306	1,696,612
Annual Required Contributions	-	-	-
Non Par Premiums	1,000,233	1,000,233	2,000,465
Life Insurance	14,774,338	14,774,338	29,548,676
Investment Income	70,371,890	70,371,890	140,743,781
Transfer from Premium Stabilization Reserve	28,706,079	27,700,814	56,406,893
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 175,813,780	\$ 176,078,525	\$ 351,892,305
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 32,154,185	\$ 33,063,492	\$ 65,217,677
Gross Non-Medicare Prescription Drug Claims	22,689,423	24,085,782	46,775,205
Non-Medicare Prescription Drug Rebates	(11,792,993)	(12,463,484)	(24,256,477)
Medicare Medical Claims	956,524	339,799	1,296,323
Gross Medicare Prescription Drug Claims	4,282,300	1,572,790	5,855,089
Medicare Prescription Drug Rebates	(2,229,926)	(815,216)	(3,045,141)
Non-Medicare Managed Care Capitations	2,095,794	2,095,794	4,191,587
Humana MAPD Program	22,731,915	26,151,562	48,883,477
Administration	2,264,232	2,264,232	4,528,464
Life Insurance	14,833,354	14,833,354	29,666,708
Wellness	-	-	-
Retiree Assistance Program	903,541	903,541	1,807,081
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	16,958	16,958	33,915
Director's Discretionary Fund	97,308	97,308	194,615
Total Expenses	\$ 89,002,613	\$ 92,145,911	\$ 181,148,524
Fiscal Year Results	\$ 86,811,167	\$ 83,932,614	\$ 170,743,781
Beginning Restricted Reserve			\$ 1,603,773,494
Ending Restricted Reserve			<u>\$ 1,774,517,275</u>
Beginning Premium Stabilization Reserve			\$ 263,520,214
PSR Addition/(Drawdown)			\$ (56,406,893)
Ending Premium Stabilization Reserve			<u>\$ 207,113,321</u>
Total Beginning Plan Reserve			1,867,293,708
Total Ending Plan Reserve			<u>\$ 1,981,630,596</u>
Accrued Actuarial Liability (AAL)			\$ 1,704,800,458
Funded Status			109.5%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		Eligibility	Medical	Gross Drugs
Pay Go Monthly Premium for Actives	\$ 22.14			
Additional Retiree Premiums	\$ 3,789,196	Non-Medicare	7.5%	14.5%
Pay Go PEPM Subsidy for Retirees	\$ 37.18	Medicare	7.5%	14.5%
		Prescription Drug Rebates		15.0%
		Capitations		12.4%
		Administrative Expense		3.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		-66.7%

**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	\$ 4,802,096		\$ 4,802,096
Employer Premiums - PPB	7,843,994	446,764	8,290,758
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	37,539,597	2,138,114	39,677,711
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-	-	-
Non Par Premiums	1,314,304		1,314,304
Life Insurance	19,413,451		19,413,451
Investment Income	81,444,424		81,444,424
Transfer from Premium Stabilization Reserve	45,358,305		45,358,305
General Revenue Transfer (OPEB Funding)	16,585,984		16,585,984
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 214,302,154	\$ 2,584,879	\$ 216,887,033
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 1,296,323	\$ -	\$ 1,296,323
Gross Medicare Prescription Drug Claims	5,855,089	-	5,855,089
Medicare Prescription Drug Rebates	(3,045,141)		(3,045,141)
Humana MAPD Program	48,883,477		48,883,477
Administration	1,671,579		1,671,579
Life Insurance	19,490,998		19,490,998
Wellness	-		-
Retiree Assistance Program	1,187,251		1,187,251
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	11,387		11,387
Director's Discretionary Fund	-		-
Total Expenses	\$ 75,350,963	\$ -	\$ 75,350,963
Fiscal Year Results	\$ 138,951,191		\$ 141,536,069
Beginning Restricted Reserve	\$ 875,613,282		\$ 875,613,282
Ending Restricted Reserve	<u>\$ 1,014,564,473</u>		<u>\$ 1,017,149,351</u>
Beginning Premium Stabilization Reserve	\$ 204,936,487		\$ 204,936,487
PSR Addition/(Drawdown)	\$ (45,358,305)		\$ (45,358,305)
Ending Premium Stabilization Reserve	<u>\$ 159,578,182</u>		<u>\$ 159,578,182</u>
Total Beginning Plan Reserve	1,080,549,769		1,080,549,769
Total Ending Plan Reserve	<u>\$ 1,174,142,655</u>		<u>\$ 1,176,727,534</u>
Accrued Actuarial Liability (AAL)	\$ 1,704,800,458		\$ 1,704,800,458
Funded Status	110.5%		110.6%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 22.14	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 2,584,879	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 9.97	Medicare	7.5%	14.5%
		Prescription Drug Rebates		15.0%
		Capitations		12.4%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		-66.7%

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

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

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

Non-Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 15,197,904		\$ 15,197,904
Employer Premiums - PPB	8,612,392	431,814	9,044,207
Employer Premiums - MCO	950,470	47,655	998,126
Retiree Premiums - PPB	13,791,703	691,498	14,483,202
Retiree Premiums - MCO	665,137	33,349	698,486
Annual Required Contributions	-		-
Non Par Premiums	686,162		686,162
Life Insurance	10,135,225		10,135,225
Investment Income	59,299,357		59,299,357
Transfer from Premium Stabilization Reserve	11,048,588		11,048,588
General Revenue Transfer (OPEB Funding)	13,414,016		13,414,016
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 133,800,956	\$ 1,204,317	\$ 135,005,273
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 65,217,677	\$ -	\$ 65,217,677
Gross Non-Medicare Prescription Drug Claims	46,775,205	-	46,775,205
Non-Medicare Prescription Drug Rebates	(24,256,477)		(24,256,477)
Non-Medicare Managed Care Capitations	4,191,587		4,191,587
Administration	2,856,884		2,856,884
Life Insurance	10,175,710		10,175,710
Wellness	-		-
Retiree Assistance Program	619,831		619,831
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	22,528		22,528
Director's Discretionary Fund	194,614		194,614
Total Expenses	\$ 105,797,559	\$ -	\$ 105,797,559
Fiscal Year Results	\$ 28,003,396		\$ 29,207,714
Beginning Restricted Reserve	\$ 728,160,212		\$ 728,160,212
Ending Restricted Reserve	<u>\$ 756,163,608</u>		<u>\$ 757,367,925</u>
Beginning Premium Stabilization Reserve	\$ 58,583,727		\$ 58,583,727
PSR Addition/(Drawdown)	\$ (11,048,588)		\$ (11,048,588)
Ending Premium Stabilization Reserve	<u>\$ 47,535,139</u>		<u>\$ 47,535,139</u>
Total Beginning Plan Reserve	786,743,938		786,743,938
Total Ending Plan Reserve	\$ 803,698,747		\$ 804,903,064
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 22.14	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 1,204,317	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 268.89	Non-Medicare	7.5%	14.5%
		Prescription Drug Rebates		15.0%
		Capitations		12.4%
		Administrative Expense		3.0%
Number of Net New Retirees	(200)	Pay Go Monthly Premium		-66.7%

**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	\$ 15,000,000	\$ 15,000,000	\$ 30,000,000
Retiree Premiums - PPB	37,158,862	38,529,208	75,688,070
Retiree Premiums - MCO	899,098	899,098	1,798,197
Annual Required Contributions	-	-	-
Non Par Premiums	970,226	970,226	1,940,451
Life Insurance	15,513,055	15,513,055	31,026,110
Investment Income	74,697,845	74,697,845	149,395,690
Transfer from Premium Stabilization Reserve	29,349,352	28,424,035	57,773,386
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 188,588,438	\$ 189,033,467	\$ 377,621,905
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 34,958,591	\$ 36,031,461	\$ 70,990,052
Gross Non-Medicare Prescription Drug Claims	26,272,628	27,950,881	54,223,510
Non-Medicare Prescription Drug Rebates	(13,697,562)	(14,476,336)	(28,173,898)
Medicare Medical Claims	998,882	355,717	1,354,599
Gross Medicare Prescription Drug Claims	4,762,728	1,753,269	6,515,997
Medicare Prescription Drug Rebates	(2,487,482)	(909,373)	(3,396,855)
Non-Medicare Managed Care Capitations	2,263,457	2,263,457	4,526,914
Humana MAPD Program	25,670,540	28,516,641	54,187,181
Administration	2,332,159	2,332,159	4,664,317
Life Insurance	15,575,022	15,575,022	31,150,044
Wellness	-	-	-
Retiree Assistance Program	975,824	975,824	1,951,648
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	18,338	18,338	36,675
Director's Discretionary Fund	98,015	98,015	196,030
Total Expenses	\$ 97,741,140	\$ 100,485,074	\$ 198,226,214
Fiscal Year Results	\$ 90,847,297	\$ 88,548,393	\$ 179,395,690
Beginning Restricted Reserve			\$ 1,774,517,275
Ending Restricted Reserve			<u>\$ 1,953,912,965</u>
Beginning Premium Stabilization Reserve			\$ 207,113,321
PSR Addition/(Drawdown)			\$ (57,773,386)
Ending Premium Stabilization Reserve			<u>\$ 149,339,935</u>
Total Beginning Plan Reserve			1,981,630,596
Total Ending Plan Reserve			<u>\$ 2,103,252,900</u>
Accrued Actuarial Liability (AAL)			\$ 1,715,909,460
Funded Status			115.5%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		Eligibility	Medical	Gross Drugs
Pay Go Monthly Premium for Actives	\$ 33.20			
Additional Retiree Premiums	\$ 5,127,639			
Pay Go PEPM Subsidy for Retirees	\$ 54.55	Non-Medicare	8.0%	15.0%
		Medicare	8.0%	15.0%
		Prescription Drug Rebates		15.0%
		Capitations		8.5%
		Administrative Expense		3.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		50.0%

**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	\$ 7,609,346		\$ 7,609,346
Employer Premiums - PPB	8,313,962	676,664	8,990,627
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	39,788,762	3,238,364	43,027,126
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-	-	-
Non Par Premiums	1,274,875		1,274,875
Life Insurance	20,384,124		20,384,124
Investment Income	88,713,821		88,713,821
Transfer from Premium Stabilization Reserve	46,412,015		46,412,015
General Revenue Transfer (OPEB Funding)	17,508,617		17,508,617
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 230,005,523	\$ 3,915,028	\$ 233,920,551
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 1,354,599	\$ -	\$ 1,354,599
Gross Medicare Prescription Drug Claims	6,515,997	-	6,515,997
Medicare Prescription Drug Rebates	(3,396,855)		(3,396,855)
Humana MAPD Program	54,187,181		54,187,181
Administration	1,721,727		1,721,727
Life Insurance	20,465,548		20,465,548
Wellness	-		-
Retiree Assistance Program	1,282,231		1,282,231
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	15,024		15,024
Director's Discretionary Fund	-		-
Total Expenses	\$ 82,145,452	\$ -	\$ 82,145,452
Fiscal Year Results	\$ 147,860,071		\$ 151,775,099
Beginning Restricted Reserve	\$ 1,017,149,351		\$ 1,017,149,351
Ending Restricted Reserve	<u>\$ 1,165,009,422</u>		<u>\$ 1,168,924,450</u>
Beginning Premium Stabilization Reserve	\$ 159,578,182		\$ 159,578,182
PSR Addition/(Drawdown)	\$ (46,412,015)		\$ (46,412,015)
Ending Premium Stabilization Reserve	<u>\$ 113,166,167</u>		<u>\$ 113,166,167</u>
Total Beginning Plan Reserve	1,176,727,534		1,176,727,534
Total Ending Plan Reserve	<u>\$ 1,278,175,589</u>		<u>\$ 1,282,090,617</u>
Accrued Actuarial Liability (AAL)	\$ 1,715,909,460		\$ 1,715,909,460
Funded Status	116.4%		116.4%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 33.20	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 3,915,028	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 15.35	Medicare	8.0%	15.0%
		Prescription Drug Rebates		15.0%
		Capitations		8.5%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		50.0%

**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	\$ 22,390,654		\$ 22,390,654
Employer Premiums - PPB	8,665,913	433,230	9,099,143
Employer Premiums - MCO	1,007,520	50,368	1,057,889
Retiree Premiums - PPB	13,877,410	693,765	14,571,175
Retiree Premiums - MCO	705,061	35,248	740,308
Annual Required Contributions	-		-
Non Par Premiums	665,577		665,577
Life Insurance	10,641,986		10,641,986
Investment Income	60,681,869		60,681,869
Transfer from Premium Stabilization Reserve	11,361,371		11,361,371
General Revenue Transfer (OPEB Funding)	12,491,383		12,491,383
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 142,488,744	\$ 1,212,611	\$ 143,701,355
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 70,990,052	\$ -	\$ 70,990,052
Gross Non-Medicare Prescription Drug Claims	54,223,510	-	54,223,510
Non-Medicare Prescription Drug Rebates	(28,173,898)		(28,173,898)
Non-Medicare Managed Care Capitations	4,526,914		4,526,914
Administration	2,942,591		2,942,591
Life Insurance	10,684,495		10,684,495
Wellness	-		-
Retiree Assistance Program	669,417		669,417
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	21,651		21,651
Director's Discretionary Fund	196,031		196,031
Total Expenses	\$ 116,080,763	\$ -	\$ 116,080,763
Fiscal Year Results	\$ 26,407,981		\$ 27,620,592
Beginning Restricted Reserve	\$ 757,367,925		\$ 757,367,925
Ending Restricted Reserve	<u>\$ 783,775,906</u>		<u>\$ 784,988,517</u>
Beginning Premium Stabilization Reserve	\$ 47,535,139		\$ 47,535,139
PSR Addition/(Drawdown)	\$ (11,361,371)		\$ (11,361,371)
Ending Premium Stabilization Reserve	<u>\$ 36,173,767</u>		<u>\$ 36,173,767</u>
Total Beginning Plan Reserve	804,903,064		804,903,064
Total Ending Plan Reserve	\$ 819,949,674		\$ 821,162,285
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 33.20	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 1,212,611	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 413.58	Non-Medicare	8.0%	15.0%
		Prescription Drug Rebates		15.0%
		Capitations		8.5%
		Administrative Expense		3.0%
Number of Net New Retirees	(200)	Pay Go Monthly Premium		50.0%

**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	\$ 20,000,000	\$ 20,000,000	\$ 40,000,000
Retiree Premiums - PPB	39,316,126	40,793,667	80,109,793
Retiree Premiums - MCO	956,287	956,287	1,912,574
Annual Required Contributions	-	-	-
Non Par Premiums	941,119	941,119	1,882,238
Life Insurance	16,288,708	16,288,708	32,577,415
Investment Income	79,301,218	79,301,218	158,602,436
Transfer from Premium Stabilization Reserve	30,652,087	29,798,275	60,450,362
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 202,455,544	\$ 203,079,274	\$ 405,534,818
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 38,184,149	\$ 39,447,828	\$ 77,631,977
Gross Non-Medicare Prescription Drug Claims	30,554,397	32,577,386	63,131,783
Non-Medicare Prescription Drug Rebates	(15,909,718)	(16,814,264)	(32,723,982)
Medicare Medical Claims	1,047,961	374,106	1,422,067
Gross Medicare Prescription Drug Claims	5,320,156	1,962,962	7,283,118
Medicare Prescription Drug Rebates	(2,774,786)	(1,014,406)	(3,789,192)
Non-Medicare Managed Care Capitations	2,444,534	2,444,534	4,889,068
Humana MAPD Program	27,992,117	31,238,909	59,231,026
Administration	2,402,124	2,402,124	4,804,247
Life Insurance	16,353,773	16,353,773	32,707,546
Wellness	-	-	-
Retiree Assistance Program	1,053,890	1,053,890	2,107,780
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	19,718	19,718	39,436
Director's Discretionary Fund	98,754	98,754	197,508
Total Expenses	\$ 106,787,068	\$ 110,145,314	\$ 216,932,382
Fiscal Year Results	\$ 95,668,477	\$ 92,933,960	\$ 188,602,436
Beginning Restricted Reserve			\$ 1,953,912,965
Ending Restricted Reserve			<u>\$ 2,142,515,401</u>
Beginning Premium Stabilization Reserve			\$ 149,339,935
PSR Addition/(Drawdown)			\$ (60,450,362)
Ending Premium Stabilization Reserve			<u>\$ 88,889,573</u>
Total Beginning Plan Reserve			2,103,252,900
Total Ending Plan Reserve			<u>\$ 2,231,404,974</u>
Accrued Actuarial Liability (AAL)			\$ 1,719,565,219
Funded Status			122.3%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 44.27	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 5,405,354	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 71.18	Non-Medicare	8.5%	15.5%
		Medicare	8.5%	15.5%
		Prescription Drug Rebates		15.0%
		Capitations		9.0%
		Administrative Expense		3.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		33.3%

**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	\$ 9,981,021		\$ 9,981,021
Employer Premiums - PPB	9,016,109	723,549	9,739,658
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	43,149,080	3,462,744	46,611,824
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-	-	-
Non Par Premiums	1,236,628		1,236,628
Life Insurance	21,403,330		21,403,330
Investment Income	96,680,098		96,680,098
Transfer from Premium Stabilization Reserve	48,515,195		48,515,195
General Revenue Transfer (OPEB Funding)	17,595,389		17,595,389
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 247,576,851	\$ 4,186,293	\$ 251,763,144
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 1,422,067	\$ -	\$ 1,422,067
Gross Medicare Prescription Drug Claims	7,283,118	-	7,283,118
Medicare Prescription Drug Rebates	(3,789,192)		(3,789,192)
Humana MAPD Program	59,231,026		59,231,026
Administration	1,773,379		1,773,379
Life Insurance	21,488,826		21,488,826
Wellness	-		-
Retiree Assistance Program	1,384,809		1,384,809
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	18,658		18,658
Director's Discretionary Fund	-		-
Total Expenses	\$ 88,812,692	\$ -	\$ 88,812,692
Fiscal Year Results	\$ 158,764,159		\$ 162,950,452
Beginning Restricted Reserve	\$ 1,168,924,450		\$ 1,168,924,450
Ending Restricted Reserve	<u>\$ 1,327,688,609</u>		<u>\$ 1,331,874,902</u>
Beginning Premium Stabilization Reserve	\$ 113,166,167		\$ 113,166,167
PSR Addition/(Drawdown)	\$ (48,515,195)		\$ (48,515,195)
Ending Premium Stabilization Reserve	<u>\$ 64,650,972</u>		<u>\$ 64,650,972</u>
Total Beginning Plan Reserve	1,282,090,617		1,282,090,617
Total Ending Plan Reserve	<u>\$ 1,392,339,581</u>		<u>\$ 1,396,525,874</u>
Accrued Actuarial Liability (AAL)	\$ 1,719,565,219		\$ 1,719,565,219
Funded Status	123.0%		123.1%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 44.27	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 4,186,293	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 19.56	Medicare	8.5%	15.5%
		Prescription Drug Rebates		15.0%
		Capitations		9.0%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		33.3%

**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	\$ 30,018,979		\$ 30,018,979
Employer Premiums - PPB	8,699,261	433,707	9,132,968
Employer Premiums - MCO	1,071,745	53,433	1,125,177
Retiree Premiums - PPB	13,930,813	694,530	14,625,343
Retiree Premiums - MCO	750,005	37,392	787,397
Annual Required Contributions	-		-
Non Par Premiums	645,609		645,609
Life Insurance	11,174,085		11,174,085
Investment Income	61,922,339		61,922,339
Transfer from Premium Stabilization Reserve	11,935,167		11,935,167
General Revenue Transfer (OPEB Funding)	12,404,611		12,404,611
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 152,552,613	\$ 1,219,062	\$ 153,771,674
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 77,631,977	\$ -	\$ 77,631,977
Gross Non-Medicare Prescription Drug Claims	63,131,783	-	63,131,783
Non-Medicare Prescription Drug Rebates	(32,723,982)		(32,723,982)
Non-Medicare Managed Care Capitations	4,889,068		4,889,068
Administration	3,030,868		3,030,868
Life Insurance	11,218,720		11,218,720
Wellness	-		-
Retiree Assistance Program	722,970		722,970
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	20,777		20,777
Director's Discretionary Fund	197,508		197,508
Total Expenses	\$ 128,119,689	\$ -	\$ 128,119,689
Fiscal Year Results	\$ 24,432,923		\$ 25,651,985
Beginning Restricted Reserve	\$ 784,988,517		\$ 784,988,517
Ending Restricted Reserve	<u>\$ 809,421,441</u>		<u>\$ 810,640,503</u>
Beginning Premium Stabilization Reserve	\$ 36,173,767		\$ 36,173,767
PSR Addition/(Drawdown)	\$ (11,935,167)		\$ (11,935,167)
Ending Premium Stabilization Reserve	<u>\$ 24,238,601</u>		<u>\$ 24,238,601</u>
Total Beginning Plan Reserve	821,162,285		821,162,285
Total Ending Plan Reserve	\$ 833,660,042		\$ 834,879,103
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 44.27	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 1,219,062	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 579.90	Non-Medicare	8.5%	15.5%
		Prescription Drug Rebates		15.0%
		Capitations		9.0%
		Administrative Expense		3.0%
Number of Net New Retirees	(200)	Pay Go Monthly Premium		33.3%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2021 to FY 2022**

Fiscal Year 2021

Exposure	<u>Jul-20</u>	<u>Aug-20</u>	<u>Sep-20</u>	<u>Oct-20</u>	<u>Nov-20</u>	<u>Dec-20</u>	<u>Jan-21</u>	<u>Feb-21</u>	<u>Mar-21</u>	<u>Apr-21</u>	<u>May-21</u>	<u>Jun-21</u>
NonMed_NonDrug	13,587	13,827	13,736	13,521	13,340	13,194	13,136	13,061	12,939	12,760	12,531	12,337
Med_NonDrug	1,132	1,436	1,715	1,961	2,183	2,368	255	442	609	757	903	1,059
NonMed_Drug	12,593	12,817	12,733	12,535	12,368	12,231	12,179	12,108	11,996	11,831	11,622	11,441
Med_Drug	1,179	1,496	1,787	2,043	2,274	2,466	266	460	634	788	941	1,103
	<u>Jul-20</u>	<u>Aug-20</u>	<u>Sep-20</u>	<u>Oct-20</u>	<u>Nov-20</u>	<u>Dec-20</u>	<u>Jan-21</u>	<u>Feb-21</u>	<u>Mar-21</u>	<u>Apr-21</u>	<u>May-21</u>	<u>Jun-21</u>
NonMed_NonDrug	\$267.12	\$281.87	\$259.50	\$285.16	\$261.57	\$240.80	\$286.39	\$324.93	\$327.20	\$345.39	\$352.55	\$378.94
Med_NonDrug	323.71	274.40	228.00	301.81	194.90	253.83	875.67	341.41	394.27	296.03	331.92	276.92
NonMed_Drug	197.29	192.76	202.70	215.62	203.00	224.02	218.85	198.07	239.96	229.71	222.35	257.83
Med_Drug	<u>468.70</u>	<u>413.90</u>	<u>439.03</u>	<u>470.85</u>	<u>448.24</u>	<u>502.45</u>	<u>485.71</u>	<u>428.19</u>	<u>422.28</u>	<u>434.28</u>	<u>456.78</u>	<u>465.86</u>
Total	\$1,256.81	\$1,162.93	\$1,129.22	\$1,273.44	\$1,107.72	\$1,221.09	\$1,866.62	\$1,292.60	\$1,383.70	\$1,305.41	\$1,363.61	\$1,379.55
Change From Prior Year - Month to Month Analysis												
NonMed_NonDrug	7.8%	7.3%	-0.5%	0.9%	1.6%	-6.5%	-4.6%	20.4%	37.4%	108.9%	45.6%	23.3%
Med_NonDrug	10.9%	20.4%	-3.4%	32.1%	-22.7%	24.4%	-15.7%	-34.8%	-20.9%	-13.1%	27.1%	-15.4%
NonMed_Drug	2.4%	-2.5%	14.5%	6.7%	8.4%	11.8%	4.6%	-0.4%	3.5%	7.1%	10.3%	18.2%
Med_Drug	<u>39.7%</u>	<u>15.5%</u>	<u>21.0%</u>	<u>22.9%</u>	<u>29.6%</u>	<u>34.8%</u>	<u>21.4%</u>	<u>1.8%</u>	<u>-22.8%</u>	<u>-7.4%</u>	<u>20.3%</u>	<u>-16.4%</u>
Total	17.7%	11.1%	8.9%	16.1%	6.3%	18.0%	-4.2%	-8.5%	-8.7%	9.8%	25.7%	-2.2%
Change From Prior Year - Quarter to Quarter Analysis												
NonMed_NonDrug			4.8%			-1.2%			16.1%			50.7%
Med_NonDrug			9.3%			9.6%			-21.8%			-2.6%
NonMed_Drug			4.5%			8.9%			2.7%			12.0%
Med_Drug			<u>25.0%</u>			<u>29.0%</u>			<u>-2.3%</u>			<u>-3.5%</u>
Total			12.6%			13.5%			-6.8%			9.9%
Change From Prior Year - Year to Year Analysis												
NonMed_NonDrug			-6.9%			-7.5%			-2.2%			16.8%
Med_NonDrug			15.2%			14.9%			-7.4%			-7.6%
NonMed_Drug			7.6%			6.6%			4.5%			7.0%
Med_Drug			<u>9.0%</u>			<u>17.8%</u>			<u>17.3%</u>			<u>10.2%</u>
Total			6.8%			9.2%			3.5%			5.8%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2021 to FY 2022**

Fiscal Year 2022

Exposure

	<u>Jul-21</u>	<u>Aug-21</u>	<u>Sep-21</u>	<u>Oct-21</u>	<u>Nov-21</u>	<u>Dec-21</u>	<u>Jan-22</u>	<u>Feb-22</u>
NonMed_NonDrug	12,630	12,670	12,602	12,396	12,302	12,136	12,176	12,048
Med_NonDrug	1,458	1,672	1,847	2,071	2,250	2,384	324	442
NonMed_Drug	11,713	11,750	11,687	11,498	11,411	11,256	11,293	11,176
Med_Drug	1,518	1,742	1,924	2,157	2,343	2,483	338	460

	<u>Jul-21</u>	<u>Aug-21</u>	<u>Sep-21</u>	<u>Oct-21</u>	<u>Nov-21</u>	<u>Dec-21</u>	<u>Jan-22</u>	<u>Feb-22</u>
NonMed_NonDrug	\$300.28	\$336.25	\$318.39	\$324.77	\$312.32	\$316.21	\$326.66	\$332.54
Med_NonDrug	239.39	269.10	257.90	236.38	206.86	214.20	790.81	436.15
NonMed_Drug	212.70	249.44	243.76	246.41	246.89	262.33	257.67	265.41
Med_Drug	<u>412.92</u>	<u>400.69</u>	<u>407.46</u>	<u>413.93</u>	<u>399.64</u>	<u>472.10</u>	<u>394.87</u>	<u>516.06</u>
Total	\$1,165.28	\$1,255.47	\$1,227.51	\$1,221.49	\$1,165.71	\$1,264.84	\$1,770.01	\$1,550.16

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	12.4%	19.3%	22.7%	13.9%	19.4%	31.3%	14.1%	2.3%
Med_NonDrug	-26.0%	-1.9%	13.1%	-21.7%	6.1%	-15.6%	-9.7%	27.8%
NonMed_Drug	7.8%	29.4%	20.3%	14.3%	21.6%	17.1%	17.7%	34.0%
Med_Drug	<u>-11.9%</u>	<u>-3.2%</u>	<u>-7.2%</u>	<u>-12.1%</u>	<u>-10.8%</u>	<u>-6.0%</u>	<u>-18.7%</u>	<u>20.5%</u>
Total	-7.3%	8.0%	8.7%	-4.1%	5.2%	3.6%	-5.2%	19.9%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug	18.1%	21.1%
Med_NonDrug	-7.2%	-12.4%
NonMed_Drug	19.1%	17.6%
Med_Drug	<u>-7.6%</u>	<u>-9.6%</u>
Total	2.8%	1.4%

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug	20.1%	25.8%
Med_NonDrug	-10.4%	-13.7%
NonMed_Drug	10.5%	12.7%
Med_Drug	<u>2.7%</u>	<u>-5.7%</u>
Total	3.7%	1.1%