

STATE OF WEST VIRGINIA



RETIREE HEALTH BENEFIT TRUST FUND

**Quarterly Report
December 31, 2022**

Fiscal Years 2023-2027

Report Date: April 2023

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 2027. 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, 2023 (“FY 2023”), June 30, 2024 (“FY 2024”), June 30, 2025 (“FY 2025”), June 30, 2026 (“FY 2026”) and June 30, 2027 (“FY 2027”). Our opinion of plan adequacy is based on the projections through FY 2027 using updated future revenue and plan modifications provided by the Board in the plan adopted in December 2022.

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 2023 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 2023 the Pay-Go is equivalent to \$115 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 2022.

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 2023 through FY 2027 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 2027 as approved by the Board in December 2022.

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 2023 – FY 2027

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 2023 for prescription drugs and medical claims. Enrollment data, administrative expenses, managed care capitations, and plan revenues were provided at special request from RHBT. Revenue assumptions are based on premium rates, assumed investment income and significant general and special revenue allocations provided by the Governor, some which have not been approved by the West Virginia Legislature. In addition, other information became available through presentations made at Board meetings, which has been used in arriving at our conclusions.

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

KEY ASSUMPTIONS

A. Enrollment Changes

The Board has requested that the projection assume retiree enrollment growth consistent with the experience of the plan. These projections assume that the Trust Fund will annually have 1,000 additional policies. We have observed a net decrease of 39 policy from June 2022 to March 2023. Continuing Care Actuaries has updated the claims analysis based on the enrollment through March 2023.

In aggregate, March 2023 enrollment has decreased by 39 coverage since the end of FY 2022. Aggregate Preferred Provider Benefit (“PPB”) enrollment has decreased by 10 in total over the same period, while managed care enrollment continues to cover fewer participants, with a decrease of 29 coverages. For MAPD Capitations, the average of 52,124 Medicare policyholders in FY 2023 was used to calculate the capitation cost.

The following chart summarizes the current enrollment as of the selected monthly billing dates of June 2021, June 2022, and March 2023 for purposes of comparison:

Trust Fund	Coverage	Preferred Provider Benefit*			Managed Care		
		Jun-21	Jun-22	Mar-23	Jun-21	Jun-22	Mar-23
Retirees	Medicare Single	21,636	21,810	21,941	-	-	-
	Medicare Family	16,170	16,085	16,128	-	-	-
	Medicare Total	37,806	37,895	38,069	-	-	-
	Non-Medicare Single	2,295	2,161	2,090	115	109	91
	Non-Medicare Family	2,714	2,497	2,384	104	99	88
	Non-Medicare Total	5,009	4,658	4,474	219	208	179
	Retiree Total	42,815	42,553	42,543	219	208	179
	Grand Total				43,034	42,761	42,722

* The majority of PPB is capitated through Humana. As of March 2023, there are approximately 426 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, 2022 Fiscal Years 2023-2027 Report”.

C. Trend Analysis

RHBT experienced a lower medical trend and a higher prescription drugs trend in FY 2022, 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 FY2022 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 2023 medical claim trend is 7.0%, the gross prescription drugs claim trend is 14.0% and the prescription drugs rebate trend is 15.0%. In 2023, there were an additional rebate included in the projection to reflect the new PBM contract with ESI.

The current trend projection is shown in the following table:

Claim Type	Previous Assumption FY 2023 Trend	Updated Assumption FY 2023 Trend
Non-Medicare – Medical	7.0%	7.0%
Medicare – Medical	7.0%	7.0%
Non-Medicare – Gross Drugs	14.0%	14.0%
Medicare – Gross Drugs	14.0%	14.0%
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 medical and drugs claim trends for the financial projection will increase by 0.5% in FY 2024 and in each successive fiscal year. Additionally, drug rebates have been trending at approximately 15% 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 2023. 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	-9%	15%	14%	7%	12%
2022	8%	11%	-3%	17%	11%
2023*	23%	5%	-2%	4%	5%

* Fiscal year 2023 results are through the eight months ending February 2023. It should be noted that Humana’s plan year starts in January 2014 in calendar year basis (not starting in July as in PEIA plan year basis) and the Medicare trends are not statistically credible in 2014 and 2015.

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

D. Enrollment, Claim, Expense and Revenue Assumptions

Using aggregate PEIA and Trust Fund paid claim data through February 2023 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 2023 claims and expenses are summarized in the following chart. It should be noted that the chart reflects per policy information.

Fiscal Year 2023 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	38,195			\$ 323**	\$ 204**	\$ 89
	<u>Non-Medicare</u>	<u>4,579</u>			\$ 861	\$ 329	
	Total	42,774	\$0	\$134			
	<u>Non-Medicare Managed Care</u>	<u>189</u>	\$0	\$607			\$ 1,482
	Total	42,963					

*Net of rebates and subsidies.

** As of March 2023, there are approximately 426 Medicare retiree 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 2022 and modified for SB268 in March 2023.

Board Decisions – December 2022

Source	Fiscal Year 2023	Fiscal Year 2024	Fiscal Year 2025	Fiscal Year 2026	Fiscal Year 2027
Additional Non-Medicare Retiree Premium (Fiscal Year)	\$0	\$0	\$2,177,844	\$2,286,706	\$2,396,351
Additional Medicare Retiree Premium (Calendar Year)	\$0	\$0	\$6,273,046	\$7,051,436	\$7,926,764
General Revenue Transfer (OPEB Funding)	\$30,000,000	\$30,000,000	\$30,000,000	\$30,000,000	\$30,000,000
General Revenue Transfer (Premium Offset)	\$0	\$0	\$0	\$0	\$0
Benefit Reductions and Savings / (Increase) - Retiree Non-Medicare	\$0	\$0	\$0	\$0	\$0
Board Decision Benefit Reduction – Retiree Medicare	\$0	\$0	\$0	\$0	\$0
Benefit Reductions / (Increase) - Humana MAPD (Calendar Year)	\$0	\$0	\$0	\$0	\$0
Pay Go Premium Transfer	\$59,359,661	\$0	\$29,000,000	\$29,000,000	\$29,000,000
Actuarial Accrued Liability*	\$1,756,185,713	\$1,767,903,755	\$1,770,059,292	\$1,767,235,505	\$1,759,719,792
Funded Status	92.5%	99.3%	104.3%	111.1%	118.4%

*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 \$1,384,341 in FY 2023 to \$1,883,381 in FY 2027, based on the Board's direction and projected retiree enrollment growth in the financial plan.

In FY 2023, the ACA PCORI fee is approximately \$3.00 per person per year.

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

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

E. Provider Reimbursement Changes

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

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

FISCAL YEAR 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 \$265,146,880 and incurred plan expenses of \$149,420,587 to produce a fiscal year surplus of \$115,726,293 after the Premium Stabilization Reserve addition of \$14,000,000. The PEIA local and state agencies Pay Go premiums for FY 2023 are assumed to be \$59,359,661.

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 \$331,131,514 and incurred plan expenses of \$168,653,415 to produce a fiscal year surplus of \$162,478,098 after the Premium Stabilization Reserve drawdown of \$71,243,152. The PEIA local and state agencies Pay Go premiums for FY 2024 are assumed to be \$0.

FISCAL YEAR 2025 FORECAST

The financial forecast for FY 2025 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2025 projects accrued revenue of \$353,680,639 and incurred plan expenses of \$184,263,583 to produce a fiscal year surplus of \$169,417,056 after the Premium Stabilization Reserve drawdown of \$51,408,736. The PEIA local and state agencies Pay Go premiums for FY 2025 are assumed to be \$29,000,000.

FISCAL YEAR 2026 FORECAST

The financial forecast for FY 2026 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2026 projects accrued revenue of \$379,652,871 and incurred plan expenses of \$201,278,256 to produce a fiscal year surplus of \$178,374,614 after the Premium Stabilization Reserve drawdown of \$59,107,577. The PEIA local and state agencies Pay Go premiums for FY 2026 are assumed to be \$29,000,000.

FISCAL YEAR 2027 FORECAST

The financial forecast for FY 2027 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2027 projects accrued revenue of \$408,397,617 and incurred plan expenses of \$220,959,278 to produce a fiscal year surplus of \$187,438,339 after the Premium Stabilization Reserve drawdown of \$68,566,139. The PEIA local and state agencies Pay Go premiums for FY 2027 are assumed to be \$29,000,000.

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 2027. These projections are based on significant revenue increases as contained in the financial plan adopted by the Board in December 2022 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 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	\$ 29,679,831	\$ 29,679,831	\$ 59,359,661
Retiree Premiums - PPB	33,602,443	35,011,827	68,614,270
Retiree Premiums - MCO	696,263	681,228	1,377,491
Annual Required Contributions	-	-	-
Non Par Premiums	1,012,883	1,012,883	2,025,766
Life Insurance	13,185,605	13,185,605	26,371,209
Investment Income	45,699,241	45,699,241	91,398,483
Transfer from Premium Stabilization Reserve	(7,324,418)	(6,675,582)	(14,000,000)
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 131,551,848	\$ 133,595,032	\$ 265,146,880
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 23,268,830	\$ 24,027,651	\$ 47,296,481
Gross Non-Medicare Prescription Drug Claims	15,337,476	16,349,532	31,687,008
Non-Medicare Prescription Drug Rebates	(6,596,764)	(7,032,057)	(13,628,821)
Medicare Medical Claims	3,531,903	1,249,892	4,781,795
Gross Medicare Prescription Drug Claims	4,036,285	1,476,707	5,512,992
Medicare Prescription Drug Rebates	(1,736,037)	(635,143)	(2,371,179)
Non-Medicare Managed Care Capitations	1,681,032	1,681,032	3,362,064
Humana MAPD Program	18,917,031	22,101,422	41,018,454
Administration	1,898,041	1,898,041	3,796,082
Life Insurance	13,213,831	13,213,831	26,427,662
Wellness	-	-	-
Retiree Assistance Program	692,171	692,171	1,384,341
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	14,642	14,642	29,284
Director's Discretionary Fund	62,212	62,212	124,424
Total Expenses	\$ 74,320,654	\$ 75,099,933	\$ 149,420,587
Fiscal Year Results	\$ 57,231,194	\$ 58,495,099	\$ 115,726,293
Beginning Restricted Reserve			\$ 1,356,864,649
Ending Restricted Reserve			<u>\$ 1,472,590,942</u>
Beginning Premium Stabilization Reserve			\$ 268,106,504
PSR Addition/(Drawdown)			\$ 14,000,000
Ending Premium Stabilization Reserve			<u>\$ 282,106,504</u>
Total Beginning Plan Reserve			1,624,971,153
Total Ending Plan Reserve			<u>\$ 1,754,697,446</u>
Accrued Actuarial Liability (AAL)			\$ 1,756,185,713
Funded Status			92.5%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 66.35	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ (2,397,570)	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 115.14	Non-Medicare	7.0%	14.0%
		Medicare	7.0%	14.0%
		Prescription Drug Rebates		0.0%
		Capitations		14.4%
		Administrative Expense		-13.6%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		-20.7%

**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	\$ 10,668,826		\$ 10,668,826
Employer Premiums - PPB	5,153,218	(360,727)	4,792,491
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	43,351,658	(2,797,630)	40,554,028
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-	-	-
Non Par Premiums	1,322,432		1,322,432
Life Insurance	17,215,279		17,215,279
Investment Income	52,400,929		52,400,929
Transfer from Premium Stabilization Reserve	(11,460,093)		(11,460,093)
General Revenue Transfer (OPEB Funding)	21,162,462		21,162,462
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 139,814,711	\$ (3,158,357)	\$ 136,656,354
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 4,781,795	\$ -	\$ 4,781,795
Gross Medicare Prescription Drug Claims	5,846,380	(333,388)	5,512,992
Medicare Prescription Drug Rebates	(2,371,179)		(2,371,179)
Humana MAPD Program	41,018,454		41,018,454
Administration	1,401,237		1,401,237
Life Insurance	17,252,132		17,252,132
Wellness	-		-
Retiree Assistance Program	903,706		903,706
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	5,693		5,693
Director's Discretionary Fund	-		-
Total Expenses	\$ 68,838,217	\$ (333,388)	\$ 68,504,829
Fiscal Year Results	\$ 70,976,493		\$ 68,151,524
Beginning Restricted Reserve	\$ 722,370,266		\$ 722,370,266
Ending Restricted Reserve	<u>\$ 793,346,759</u>		<u>\$ 790,521,790</u>
Beginning Premium Stabilization Reserve	\$ 209,264,435		\$ 209,264,435
PSR Addition/(Drawdown)	\$ 11,460,093		\$ 11,460,093
Ending Premium Stabilization Reserve	<u>\$ 220,724,528</u>		<u>\$ 220,724,528</u>
Total Beginning Plan Reserve	931,634,700		931,634,700
Total Ending Plan Reserve	<u>\$ 1,014,071,287</u>		<u>\$ 1,011,246,318</u>
Accrued Actuarial Liability (AAL)	\$ 1,756,185,713		\$ 1,756,185,713
Funded Status	95.2%		95.4%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 66.35	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ (3,158,357)	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 23.28	Medicare	7.0%	14.0%
		Prescription Drug Rebates		0.0%
		Capitations		14.4%
		Administrative Expense		-13.6%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		-20.7%

**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	\$ 48,690,835		\$ 48,690,835
Employer Premiums - PPB	5,696,120	(133,929)	5,562,190
Employer Premiums - MCO	507,852	(4,203)	503,649
Retiree Premiums - PPB	16,871,752	833,810	17,705,561
Retiree Premiums - MCO	808,732	65,110	873,842
Annual Required Contributions	-		-
Non Par Premiums	703,334		703,334
Life Insurance	9,155,929		9,155,929
Investment Income	38,997,554		38,997,554
Transfer from Premium Stabilization Reserve	(2,539,907)		(2,539,907)
General Revenue Transfer (OPEB Funding)	8,837,538		8,837,538
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 127,729,738	\$ 760,787	\$ 128,490,525
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 47,296,481	\$ -	\$ 47,296,481
Gross Non-Medicare Prescription Drug Claims	33,626,123	(1,939,115)	31,687,008
Non-Medicare Prescription Drug Rebates	(13,628,821)		(13,628,821)
Non-Medicare Managed Care Capitations	3,362,064		3,362,064
Administration	2,394,844		2,394,844
Life Insurance	9,175,529		9,175,529
Wellness	-		-
Retiree Assistance Program	480,635		480,635
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	23,591		23,591
Director's Discretionary Fund	124,424		124,424
Total Expenses	\$ 82,854,871	\$ (1,939,115)	\$ 80,915,756
Fiscal Year Results	\$ 44,874,867		\$ 47,574,769
Beginning Restricted Reserve	\$ 634,494,382		\$ 634,494,382
Ending Restricted Reserve	\$ 679,369,249		\$ 682,069,151
Beginning Premium Stabilization Reserve	\$ 58,842,069		\$ 58,842,069
PSR Addition/(Drawdown)	\$ 2,539,907		\$ 2,539,907
Ending Premium Stabilization Reserve	\$ 61,381,976		\$ 61,381,976
Total Beginning Plan Reserve	693,336,451		693,336,451
Total Ending Plan Reserve	\$ 740,751,225		\$ 743,451,127
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	\$ 66.35			
Additional Retiree Premiums	\$ 760,787			
Pay Go PEPM Subsidy for Retirees	\$ 851.16	Non-Medicare	7.0%	14.0%
		Prescription Drug Rebates		0.0%
		Capitations		14.4%
		Administrative Expense		-13.6%
Number of Net New Retirees	(200)	Pay Go Monthly Premium		-20.7%

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

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

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

	7/1/2023 to 12/31/2023	1/1/2024 to 6/30/2024	TRUST Total
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ -	\$ -	\$ -
Retiree Premiums - PPB	33,190,261	33,290,740	66,481,001
Retiree Premiums - MCO	637,250	637,250	1,274,500
Annual Required Contributions	-	-	-
Non Par Premiums	982,497	982,497	1,964,993
Life Insurance	13,844,885	13,844,885	27,689,769
Investment Income	66,239,049	66,239,049	132,478,098
Transfer from Premium Stabilization Reserve	37,057,042	34,186,110	71,243,152
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 166,950,983	\$ 164,180,531	\$ 331,131,514
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 27,601,896	\$ 28,569,047	\$ 56,170,943
Gross Non-Medicare Prescription Drug Claims	17,573,099	18,774,022	36,347,121
Non-Medicare Prescription Drug Rebates	(7,662,141)	(8,167,734)	(15,829,875)
Medicare Medical Claims	3,671,209	1,302,375	4,973,584
Gross Medicare Prescription Drug Claims	4,469,574	1,638,990	6,108,564
Medicare Prescription Drug Rebates	(1,936,549)	(708,502)	(2,645,051)
Non-Medicare Managed Care Capitations	1,815,515	1,815,515	3,631,029
Humana MAPD Program	21,673,493	24,866,447	46,539,940
Administration	1,954,982	1,954,982	3,909,964
Life Insurance	13,874,523	13,874,523	27,749,045
Wellness	-	-	-
Retiree Assistance Program	747,544	747,544	1,495,088
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	15,420	15,420	30,841
Director's Discretionary Fund	86,111	86,111	172,222
Total Expenses	\$ 83,884,676	\$ 84,768,740	\$ 168,653,415
Fiscal Year Results	\$ 83,066,307	\$ 79,411,791	\$ 162,478,098
Beginning Restricted Reserve			\$ 1,472,590,942
Ending Restricted Reserve			<u>\$ 1,635,069,040</u>
Beginning Premium Stabilization Reserve			\$ 282,106,504
PSR Addition/(Drawdown)			\$ (71,243,152)
Ending Premium Stabilization Reserve			<u>\$ 210,863,352</u>
Total Beginning Plan Reserve			1,754,697,446
Total Ending Plan Reserve			<u>\$ 1,845,932,392</u>
Accrued Actuarial Liability (AAL)			\$ 1,767,903,755
Funded Status			99.3%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		Eligibility	Medical	Gross Drugs
Pay Go Monthly Premium for Actives	\$ -			
Additional Retiree Premiums	\$ 941,267	Non-Medicare	7.5%	14.5%
Pay Go PEPM Subsidy for Retirees	\$ -	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		-100.0%

**APPENDIX - BASELINE SCENARIO
RHBT - MEDICARE**

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

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

Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ -		\$ -
Employer Premiums - PPB	4,708,328	50,248	4,758,576
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	39,489,170	891,019	40,380,189
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-	-	-
Non Par Premiums	1,282,759		1,282,759
Life Insurance	18,076,043		18,076,043
Investment Income	76,348,199		76,348,199
Transfer from Premium Stabilization Reserve	58,226,333		58,226,333
General Revenue Transfer (OPEB Funding)	15,286,644		15,286,644
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 213,417,476	\$ 941,267	\$ 214,358,743
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 4,973,584	\$ -	\$ 4,973,584
Gross Medicare Prescription Drug Claims	6,108,564	-	6,108,564
Medicare Prescription Drug Rebates	(2,645,051)		(2,645,051)
Humana MAPD Program	46,539,940		46,539,940
Administration	1,443,274		1,443,274
Life Insurance	18,114,739		18,114,739
Wellness	-		-
Retiree Assistance Program	976,002		976,002
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	8,558		8,558
Director's Discretionary Fund	-		-
Total Expenses	\$ 75,519,610	\$ -	\$ 75,519,610
Fiscal Year Results	\$ 137,897,866		\$ 138,839,133
Beginning Restricted Reserve	\$ 790,521,790		\$ 790,521,790
Ending Restricted Reserve	<u>\$ 928,419,656</u>		<u>\$ 929,360,923</u>
Beginning Premium Stabilization Reserve	\$ 220,724,528		\$ 220,724,528
PSR Addition/(Drawdown)	\$ (58,226,333)		\$ (58,226,333)
Ending Premium Stabilization Reserve	<u>\$ 162,498,195</u>		<u>\$ 162,498,195</u>
Total Beginning Plan Reserve	1,011,246,318		1,011,246,318
Total Ending Plan Reserve	<u>\$ 1,090,917,850</u>		<u>\$ 1,091,859,117</u>
Accrued Actuarial Liability (AAL)	\$ 1,767,903,755		\$ 1,767,903,755
Funded Status	100.1%		99.9%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ -	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 941,267	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ -	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		-100.0%

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

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

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

Non-Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ -		\$ -
Employer Premiums - PPB	5,099,466	-	5,099,466
Employer Premiums - MCO	471,816	-	471,816
Retiree Premiums - PPB	16,242,770	-	16,242,770
Retiree Premiums - MCO	802,684	-	802,684
Annual Required Contributions	-		-
Non Par Premiums	682,234		682,234
Life Insurance	9,613,726		9,613,726
Investment Income	56,129,900		56,129,900
Transfer from Premium Stabilization Reserve	13,016,819		13,016,819
General Revenue Transfer (OPEB Funding)	14,713,356		14,713,356
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 116,772,772	\$ -	\$ 116,772,772
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 51,244,074	\$ 4,926,869	\$ 56,170,943
Gross Non-Medicare Prescription Drug Claims	36,572,880	(225,759)	36,347,121
Non-Medicare Prescription Drug Rebates	(15,829,875)		(15,829,875)
Non-Medicare Managed Care Capitations	3,631,029		3,631,029
Administration	2,466,690		2,466,690
Life Insurance	9,634,306		9,634,306
Wellness	-		-
Retiree Assistance Program	519,086		519,086
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	22,283		22,283
Director's Discretionary Fund	172,221		172,221
Total Expenses	\$ 88,432,694	\$ 4,701,110	\$ 93,133,804
Fiscal Year Results	\$ 28,340,077		\$ 23,638,967
Beginning Restricted Reserve	\$ 682,069,151		\$ 682,069,151
Ending Restricted Reserve	\$ 710,409,229		\$ 705,708,119
Beginning Premium Stabilization Reserve	\$ 61,381,976		\$ 61,381,976
PSR Addition/(Drawdown)	\$ (13,016,819)		\$ (13,016,819)
Ending Premium Stabilization Reserve	\$ 48,365,157		\$ 48,365,157
Total Beginning Plan Reserve	743,451,127		743,451,127
Total Ending Plan Reserve	\$ 758,774,386		\$ 754,073,276
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go Monthly Premium for Actives	\$ -			
Additional Retiree Premiums	\$ -			
Pay Go PEPM Subsidy for Retirees	\$ -	Non-Medicare	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		-100.0%

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

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2025**

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

	7/1/2024 to 12/31/2024	1/1/2025 to 6/30/2025	TRUST Total
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 14,500,000	\$ 14,500,000	\$ 29,000,000
Retiree Premiums - PPB	34,516,057	36,951,594	71,467,651
Retiree Premiums - MCO	703,448	703,448	1,406,896
Annual Required Contributions	-	-	-
Non Par Premiums	953,022	953,022	1,906,043
Life Insurance	14,537,129	14,537,129	29,074,257
Investment Income	69,708,528	69,708,528	139,417,056
Transfer from Premium Stabilization Reserve	26,669,450	24,739,286	51,408,736
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 176,587,633	\$ 177,093,006	\$ 353,680,639
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 30,006,584	\$ 31,130,689	\$ 61,137,273
Gross Non-Medicare Prescription Drug Claims	20,360,314	21,799,513	42,159,827
Non-Medicare Prescription Drug Rebates	(8,899,577)	(9,486,823)	(18,386,400)
Medicare Medical Claims	3,833,817	1,363,378	5,197,195
Gross Medicare Prescription Drug Claims	4,971,056	1,827,057	6,798,112
Medicare Prescription Drug Rebates	(2,160,220)	(790,334)	(2,950,554)
Non-Medicare Managed Care Capitations	1,960,756	1,960,756	3,921,511
Humana MAPD Program	24,384,981	27,015,251	51,400,232
Administration	2,013,632	2,013,632	4,027,263
Life Insurance	14,568,249	14,568,249	29,136,497
Wellness	-	-	-
Retiree Assistance Program	807,348	807,348	1,614,695
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	17,115	17,115	34,231
Director's Discretionary Fund	86,851	86,851	173,701
Total Expenses	\$ 91,950,903	\$ 92,312,680	\$ 184,263,583
Fiscal Year Results	\$ 84,636,730	\$ 84,780,326	\$ 169,417,056
Beginning Restricted Reserve			\$ 1,635,069,040
Ending Restricted Reserve			\$ 1,804,486,097
Beginning Premium Stabilization Reserve			\$ 210,863,352
PSR Addition/(Drawdown)			\$ (51,408,736)
Ending Premium Stabilization Reserve			\$ 159,454,616
Total Beginning Plan Reserve			1,845,932,392
Total Ending Plan Reserve			\$ 1,963,940,713
Accrued Actuarial Liability (AAL)			\$ 1,770,059,292
Funded Status			104.3%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 32.58	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 5,935,636	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 54.29	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		0.0%

**APPENDIX - BASELINE SCENARIO
RHBT - MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2025**

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

Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 8,732,039		\$ 8,732,039
Employer Premiums - PPB	4,770,921	396,150	5,167,071
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	40,484,941	3,361,642	43,846,583
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-	-	-
Non Par Premiums	1,244,276		1,244,276
Life Insurance	18,979,845		18,979,845
Investment Income	82,464,442		82,464,442
Transfer from Premium Stabilization Reserve	41,949,287		41,949,287
General Revenue Transfer (OPEB Funding)	18,380,108		18,380,108
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 217,005,859	\$ 3,757,792	\$ 220,763,651
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 5,197,195	\$ -	\$ 5,197,195
Gross Medicare Prescription Drug Claims	6,798,112	-	6,798,112
Medicare Prescription Drug Rebates	(2,950,554)		(2,950,554)
Humana MAPD Program	51,400,232		51,400,232
Administration	1,486,573		1,486,573
Life Insurance	19,020,476		19,020,476
Wellness	-		-
Retiree Assistance Program	1,054,083		1,054,083
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	12,866		12,866
Director's Discretionary Fund	-		-
Total Expenses	\$ 82,018,984	\$ -	\$ 82,018,984
Fiscal Year Results	\$ 134,986,875		\$ 138,744,667
Beginning Restricted Reserve	\$ 929,360,923		\$ 929,360,923
Ending Restricted Reserve	<u>\$ 1,064,347,798</u>		<u>\$ 1,068,105,590</u>
Beginning Premium Stabilization Reserve	\$ 162,498,195		\$ 162,498,195
PSR Addition/(Drawdown)	\$ (41,949,287)		\$ (41,949,287)
Ending Premium Stabilization Reserve	<u>\$ 120,548,908</u>		<u>\$ 120,548,908</u>
Total Beginning Plan Reserve	1,091,859,117		1,091,859,117
Total Ending Plan Reserve	<u>\$ 1,184,896,706</u>		<u>\$ 1,188,654,498</u>
Accrued Actuarial Liability (AAL)	\$ 1,770,059,292		\$ 1,770,059,292
Funded Status	105.4%		105.5%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 32.58	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 3,757,792	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 18.09	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		0.0%

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

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2025**

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

Non-Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 20,267,961		\$ 20,267,961
Employer Premiums - PPB	4,875,420	489,687	5,365,107
Employer Premiums - MCO	473,291	47,537	520,828
Retiree Premiums - PPB	15,529,143	1,559,746	17,088,889
Retiree Premiums - MCO	805,194	80,874	886,068
Annual Required Contributions	-		-
Non Par Premiums	661,767		661,767
Life Insurance	10,094,412		10,094,412
Investment Income	56,952,615		56,952,615
Transfer from Premium Stabilization Reserve	9,459,449		9,459,449
General Revenue Transfer (OPEB Funding)	11,619,892		11,619,892
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 130,739,144	\$ 2,177,844	\$ 132,916,989
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 61,143,017	\$ (5,744)	\$ 61,137,273
Gross Non-Medicare Prescription Drug Claims	42,135,164	24,663	42,159,827
Non-Medicare Prescription Drug Rebates	(18,386,400)		(18,386,400)
Non-Medicare Managed Care Capitations	3,921,511		3,921,511
Administration	2,540,690		2,540,690
Life Insurance	10,116,021		10,116,021
Wellness	-		-
Retiree Assistance Program	560,613		560,613
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	21,364		21,364
Director's Discretionary Fund	173,701		173,701
Total Expenses	\$ 102,225,681	\$ 18,919	\$ 102,244,600
Fiscal Year Results	\$ 28,513,464		\$ 30,672,389
Beginning Restricted Reserve	\$ 705,708,119		\$ 705,708,119
Ending Restricted Reserve	\$ 734,221,582		\$ 736,380,507
Beginning Premium Stabilization Reserve	\$ 48,365,157		\$ 48,365,157
PSR Addition/(Drawdown)	\$ (9,459,449)		\$ (9,459,449)
Ending Premium Stabilization Reserve	\$ 38,905,708		\$ 38,905,708
Total Beginning Plan Reserve	754,073,276		754,073,276
Total Ending Plan Reserve	\$ 773,127,290		\$ 775,286,215
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	\$ 32.58			
Additional Retiree Premiums	\$ 2,177,844			
Pay Go PEPM Subsidy for Retirees	\$ 393.28	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		0.0%

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

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2026**

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

	7/1/2025 to 12/31/2025	1/1/2026 to 6/30/2026	TRUST Total
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 14,500,000	\$ 14,500,000	\$ 29,000,000
Retiree Premiums - PPB	38,239,607	40,995,579	79,235,186
Retiree Premiums - MCO	779,330	779,330	1,558,661
Annual Required Contributions	-	-	-
Non Par Premiums	924,431	924,431	1,848,862
Life Insurance	15,263,985	15,263,985	30,527,970
Investment Income	74,187,307	74,187,307	148,374,614
Transfer from Premium Stabilization Reserve	30,580,682	28,526,896	59,107,577
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 189,475,342	\$ 190,177,528	\$ 379,652,871
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 32,769,895	\$ 34,076,726	\$ 66,846,621
Gross Non-Medicare Prescription Drug Claims	23,691,753	25,421,943	49,113,697
Non-Medicare Prescription Drug Rebates	(10,336,859)	(11,018,945)	(21,355,804)
Medicare Medical Claims	4,022,223	1,433,852	5,456,075
Gross Medicare Prescription Drug Claims	5,552,914	2,045,566	7,598,480
Medicare Prescription Drug Rebates	(2,409,726)	(881,617)	(3,291,343)
Non-Medicare Managed Care Capitations	2,117,616	2,117,616	4,235,232
Humana MAPD Program	26,492,179	29,484,993	55,977,172
Administration	2,074,041	2,074,041	4,148,081
Life Insurance	15,296,661	15,296,661	30,593,322
Wellness	-	-	-
Retiree Assistance Program	871,936	871,936	1,743,871
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	18,812	18,812	37,623
Director's Discretionary Fund	87,615	87,615	175,229
Total Expenses	\$ 100,249,059	\$ 101,029,197	\$ 201,278,256
Fiscal Year Results	\$ 89,226,283	\$ 89,148,331	\$ 178,374,614
Beginning Restricted Reserve			\$ 1,804,486,097
Ending Restricted Reserve			<u>\$ 1,982,860,711</u>
Beginning Premium Stabilization Reserve			\$ 159,454,616
PSR Addition/(Drawdown)			\$ (59,107,577)
Ending Premium Stabilization Reserve			<u>\$ 100,347,038</u>
Total Beginning Plan Reserve			1,963,940,713
Total Ending Plan Reserve			<u>\$ 2,083,207,750</u>
Accrued Actuarial Liability (AAL)			\$ 1,767,235,505
Funded Status			111.1%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 32.58	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 8,822,168	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 53.10	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		0.0%

**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	\$ 8,592,897		\$ 8,592,897
Employer Premiums - PPB	5,180,102	688,975	5,869,077
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	43,957,160	5,846,487	49,803,646
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-	-	-
Non Par Premiums	1,206,948		1,206,948
Life Insurance	19,928,838		19,928,838
Investment Income	89,802,178		89,802,178
Transfer from Premium Stabilization Reserve	38,970,055		38,970,055
General Revenue Transfer (OPEB Funding)	17,677,284		17,677,284
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 225,315,462	\$ 6,535,462	\$ 231,850,924
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 5,456,075	\$ -	\$ 5,456,075
Gross Medicare Prescription Drug Claims	7,598,480	-	7,598,480
Medicare Prescription Drug Rebates	(3,291,343)		(3,291,343)
Humana MAPD Program	55,977,172		55,977,172
Administration	1,531,170		1,531,170
Life Insurance	19,971,500		19,971,500
Wellness	-		-
Retiree Assistance Program	1,138,409		1,138,409
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	17,175		17,175
Director's Discretionary Fund	-		-
Total Expenses	\$ 88,398,638	\$ -	\$ 88,398,638
Fiscal Year Results	\$ 136,916,824		\$ 143,452,286
Beginning Restricted Reserve	\$ 1,068,105,590		\$ 1,068,105,590
Ending Restricted Reserve	<u>\$ 1,205,022,413</u>		<u>\$ 1,211,557,875</u>
Beginning Premium Stabilization Reserve	\$ 120,548,908		\$ 120,548,908
PSR Addition/(Drawdown)	\$ (38,970,055)		\$ (38,970,055)
Ending Premium Stabilization Reserve	<u>\$ 81,578,853</u>		<u>\$ 81,578,853</u>
Total Beginning Plan Reserve	1,188,654,498		1,188,654,498
Total Ending Plan Reserve	<u>\$ 1,286,601,267</u>		<u>\$ 1,293,136,728</u>
Accrued Actuarial Liability (AAL)	\$ 1,767,235,505		\$ 1,767,235,505
Funded Status	111.8%		112.0%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 32.58	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 6,535,462	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 17.29	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		0.0%

**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	\$ 20,407,103		\$ 20,407,103
Employer Premiums - PPB	5,117,482	512,480	5,629,962
Employer Premiums - MCO	524,487	52,524	577,011
Retiree Premiums - PPB	16,300,155	1,632,346	17,932,501
Retiree Premiums - MCO	892,293	89,357	981,650
Annual Required Contributions	-		-
Non Par Premiums	641,914		641,914
Life Insurance	10,599,133		10,599,133
Investment Income	58,572,437		58,572,437
Transfer from Premium Stabilization Reserve	20,137,522		20,137,522
General Revenue Transfer (OPEB Funding)	12,322,716		12,322,716
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 145,515,243	\$ 2,286,706	\$ 147,801,949
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 66,857,813	\$ (11,193)	\$ 66,846,620
Gross Non-Medicare Prescription Drug Claims	49,086,490	27,206	49,113,696
Non-Medicare Prescription Drug Rebates	(21,355,804)		(21,355,804)
Non-Medicare Managed Care Capitations	4,235,232		4,235,232
Administration	2,616,911		2,616,911
Life Insurance	10,621,822		10,621,822
Wellness	-		-
Retiree Assistance Program	605,462		605,462
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	20,448		20,448
Director's Discretionary Fund	175,229		175,229
Total Expenses	\$ 112,863,604	\$ 16,013	\$ 112,879,617
Fiscal Year Results	\$ 32,651,639		\$ 34,922,332
Beginning Restricted Reserve	\$ 736,380,507		\$ 736,380,507
Ending Restricted Reserve	\$ 769,032,146		\$ 771,302,839
Beginning Premium Stabilization Reserve	\$ 38,905,708		\$ 38,905,708
PSR Addition/(Drawdown)	\$ (20,137,522)		\$ (20,137,522)
Ending Premium Stabilization Reserve	\$ 18,768,185		\$ 18,768,185
Total Beginning Plan Reserve	775,286,215		775,286,215
Total Ending Plan Reserve	\$ 787,800,332		\$ 790,071,025
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 32.58	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 2,286,706	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 415.24	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		0.0%

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

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2027**

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

	7/1/2026 to 12/31/2026	1/1/2027 to 6/30/2027	TRUST Total
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 14,500,000	\$ 14,500,000	\$ 29,000,000
Retiree Premiums - PPB	42,347,227	45,463,366	87,810,593
Retiree Premiums - MCO	867,390	867,390	1,734,781
Annual Required Contributions	-	-	-
Non Par Premiums	896,698	896,698	1,793,396
Life Insurance	16,027,185	16,027,185	32,054,369
Investment Income	78,719,170	78,719,170	157,438,339
Transfer from Premium Stabilization Reserve	35,377,302	33,188,837	68,566,139
General Revenue Transfer (OPEB Funding)	15,000,000	15,000,000	30,000,000
General Revenue Transfer (Premium Offset)	-	-	-
Total Revenue	\$ 203,734,972	\$ 204,662,645	\$ 408,397,617
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 35,928,956	\$ 37,448,414	\$ 73,377,370
Gross Non-Medicare Prescription Drug Claims	27,687,097	29,773,788	57,460,885
Non-Medicare Prescription Drug Rebates	(12,006,262)	(12,798,504)	(24,804,766)
Medicare Medical Claims	4,239,398	1,514,924	5,754,321
Gross Medicare Prescription Drug Claims	6,229,813	2,300,129	8,529,942
Medicare Prescription Drug Rebates	(2,688,049)	(983,444)	(3,671,493)
Non-Medicare Managed Care Capitations	2,287,025	2,287,025	4,574,050
Humana MAPD Program	28,914,102	32,328,136	61,242,238
Administration	2,136,262	2,136,262	4,272,523
Life Insurance	16,061,494	16,061,494	32,122,988
Wellness	-	-	-
Retiree Assistance Program	941,691	941,691	1,883,381
ACA Reinsurance Contributions	-	-	-
ACA PCORI Fees	20,510	20,510	41,020
Director's Discretionary Fund	88,409	88,409	176,818
Total Expenses	\$ 109,840,445	\$ 111,118,833	\$ 220,959,278
Fiscal Year Results	\$ 93,894,527	\$ 93,543,812	\$ 187,438,339
Beginning Restricted Reserve			\$ 1,982,860,711
Ending Restricted Reserve			<u>\$ 2,170,299,050</u>
Beginning Premium Stabilization Reserve			\$ 100,347,038
PSR Addition/(Drawdown)			\$ (68,566,139)
Ending Premium Stabilization Reserve			<u>\$ 31,780,899</u>
Total Beginning Plan Reserve			2,083,207,750
Total Ending Plan Reserve			<u>\$ 2,202,079,950</u>
Accrued Actuarial Liability (AAL)			\$ 1,759,719,792
Funded Status			118.4%

KEY ASSUMPTIONS

		Claim and Other Expense Trends		
		Eligibility	Medical	Gross Drugs
Pay Go Monthly Premium for Actives	\$ 32.58			
Additional Retiree Premiums	\$ 9,746,809	Non-Medicare	9.0%	16.0%
Pay Go PEPM Subsidy for Retirees	\$ 51.95	Medicare	9.0%	16.0%
		Prescription Drug Rebates		15.0%
		Capitations		9.5%
		Administrative Expense		3.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		0.0%

**APPENDIX - BASELINE SCENARIO
RHBT - MEDICARE**

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2027**

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

Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 7,876,965		\$ 7,876,965
Employer Premiums - PPB	5,883,395	774,893	6,658,288
Employer Premiums - MCO	-	-	-
Retiree Premiums - PPB	49,925,144	6,575,565	56,500,709
Retiree Premiums - MCO	-	-	-
Annual Required Contributions	-	-	-
Non Par Premiums	1,170,740		1,170,740
Life Insurance	20,925,280		20,925,280
Investment Income	97,728,754		97,728,754
Transfer from Premium Stabilization Reserve	55,770,607		55,770,607
General Revenue Transfer (OPEB Funding)	18,090,493		18,090,493
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 257,371,378	\$ 7,350,458	\$ 264,721,836
<u>Program Expenses</u>			
Medicare Medical Claims	\$ 5,754,321	\$ -	\$ 5,754,321
Gross Medicare Prescription Drug Claims	8,529,942	-	8,529,942
Medicare Prescription Drug Rebates	(3,671,493)		(3,671,493)
Humana MAPD Program	61,242,238		61,242,238
Administration	1,577,105		1,577,105
Life Insurance	20,970,075		20,970,075
Wellness	-		-
Retiree Assistance Program	1,229,482		1,229,482
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	21,483		21,483
Director's Discretionary Fund	-		-
Total Expenses	\$ 95,653,153	\$ -	\$ 95,653,153
Fiscal Year Results	\$ 161,718,225		\$ 169,068,683
Beginning Restricted Reserve	\$ 1,211,557,875		\$ 1,211,557,875
Ending Restricted Reserve	<u>\$ 1,373,276,100</u>		<u>\$ 1,380,626,558</u>
Beginning Premium Stabilization Reserve	\$ 81,578,853		\$ 81,578,853
PSR Addition/(Drawdown)	\$ (55,770,607)		\$ (55,770,607)
Ending Premium Stabilization Reserve	<u>\$ 25,808,246</u>		<u>\$ 25,808,246</u>
Total Beginning Plan Reserve	1,293,136,728		1,293,136,728
Total Ending Plan Reserve	<u>\$ 1,399,084,346</u>		<u>\$ 1,406,434,804</u>
Accrued Actuarial Liability (AAL)	\$ 1,759,719,792		\$ 1,759,719,792
Funded Status	118.6%		118.7%

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 32.58	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 7,350,458	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 15.40	Medicare	9.0%	16.0%
		Prescription Drug Rebates		15.0%
		Capitations		9.5%
		Administrative Expense		3.0%
Number of Net New Retirees	1,200	Pay Go Monthly Premium		0.0%

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

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2027**

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

Non-Medicare Retiree	Baseline Projection	Board Decision	Ending Projection
<u>Revenues</u>			
WV PEIA Pay Go Premiums	\$ 21,123,035		\$ 21,123,035
Employer Premiums - PPB	5,355,262	534,934	5,890,197
Employer Premiums - MCO	583,886	58,324	642,210
Retiree Premiums - PPB	17,057,531	1,703,868	18,761,399
Retiree Premiums - MCO	993,346	99,225	1,092,571
Annual Required Contributions	-		-
Non Par Premiums	622,657		622,657
Life Insurance	11,129,089		11,129,089
Investment Income	59,709,585		59,709,585
Transfer from Premium Stabilization Reserve	12,795,532		12,795,532
General Revenue Transfer (OPEB Funding)	11,909,507		11,909,507
General Revenue Transfer (Premium Offset)	-		-
Total Revenue	\$ 141,279,431	\$ 2,396,351	\$ 143,675,782
<u>Program Expenses</u>			
Non-Medicare Medical Claims	\$ 73,439,085	\$ (61,715)	\$ 73,377,370
Gross Non-Medicare Prescription Drug Claims	57,430,963	29,922	57,460,885
Non-Medicare Prescription Drug Rebates	(24,804,766)		(24,804,766)
Non-Medicare Managed Care Capitations	4,574,050		4,574,050
Administration	2,695,418		2,695,418
Life Insurance	11,152,913		11,152,913
Wellness	-		-
Retiree Assistance Program	653,899		653,899
ACA Reinsurance Contributions	-		-
ACA PCORI Fees	19,537		19,537
Director's Discretionary Fund	176,819		176,819
Total Expenses	\$ 125,337,918	\$ (31,793)	\$ 125,306,125
Fiscal Year Results	\$ 15,941,512		\$ 18,369,656
Beginning Restricted Reserve	\$ 771,302,839		\$ 771,302,839
Ending Restricted Reserve	\$ 787,244,352		\$ 789,672,496
Beginning Premium Stabilization Reserve	\$ 18,768,185		\$ 18,768,185
PSR Addition/(Drawdown)	\$ (12,795,532)		\$ (12,795,532)
Ending Premium Stabilization Reserve	\$ 5,972,653		\$ 5,972,653
Total Beginning Plan Reserve	790,071,025		790,071,025
Total Ending Plan Reserve	\$ 793,217,005		\$ 795,645,149
Accrued Actuarial Liability (AAL)	\$ -		\$ -
Funded Status	N/A		N/A

KEY ASSUMPTIONS

Pay Go Monthly Premium for Actives	\$ 32.58	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 2,396,351	<u>Eligibility</u>	<u>Medical</u>	<u>Gross Drugs</u>
Pay Go PEPM Subsidy for Retirees	\$ 451.68	Non-Medicare	9.0%	16.0%
		Prescription Drug Rebates		15.0%
		Capitations		9.5%
		Administrative Expense		3.0%
Number of Net New Retirees	(200)	Pay Go Monthly Premium		0.0%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2022 to FY 2023**

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>	<u>Mar-22</u>	<u>Apr-22</u>	<u>May-22</u>	<u>Jun-22</u>
NonMed_NonDrug	12,630	12,670	12,602	12,396	12,302	12,136	12,176	12,048	11,868	11,746	11,586	11,400
Med_NonDrug	1,458	1,672	1,847	2,071	2,250	2,384	324	442	555	728	850	990
NonMed_Drug	11,713	11,750	11,687	11,498	11,411	11,256	11,293	11,176	11,010	10,895	10,748	10,576
Med_Drug	1,518	1,742	1,924	2,157	2,343	2,483	338	460	578	759	886	1,031

	<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>	<u>Mar-22</u>	<u>Apr-22</u>	<u>May-22</u>	<u>Jun-22</u>
NonMed_NonDrug	\$294.22	\$334.11	\$312.18	\$317.22	\$308.32	\$283.13	\$329.38	\$312.48	\$393.32	\$363.26	\$390.77	\$349.90
Med_NonDrug	223.58	250.93	259.83	213.87	177.65	176.12	765.80	435.42	524.01	277.96	460.20	370.71
NonMed_Drug	212.48	249.35	243.73	246.45	246.95	262.40	258.02	235.12	277.59	247.96	267.80	292.95
Med_Drug	<u>413.40</u>	<u>401.08</u>	<u>407.81</u>	<u>414.40</u>	<u>399.73</u>	<u>472.81</u>	<u>396.13</u>	<u>424.50</u>	<u>525.42</u>	<u>427.75</u>	<u>502.89</u>	<u>465.34</u>
Total	\$1,143.68	\$1,235.48	\$1,223.55	\$1,191.94	\$1,132.65	\$1,194.47	\$1,749.33	\$1,407.53	\$1,720.35	\$1,316.93	\$1,621.66	\$1,478.90

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	9.7%	18.7%	18.0%	10.5%	18.1%	18.0%	15.4%	-4.2%	20.5%	6.7%	11.4%	-6.4%
Med_NonDrug	-28.3%	-6.3%	16.9%	-27.1%	-5.9%	-28.3%	-8.8%	32.3%	41.5%	-2.1%	48.1%	44.9%
NonMed_Drug	7.9%	29.6%	20.5%	14.5%	21.8%	17.3%	18.0%	18.9%	15.8%	8.0%	20.6%	13.7%
Med_Drug	<u>-11.7%</u>	<u>-3.0%</u>	<u>-7.0%</u>	<u>-11.9%</u>	<u>-10.8%</u>	<u>-5.9%</u>	<u>-18.5%</u>	<u>-0.9%</u>	<u>24.4%</u>	<u>-1.6%</u>	<u>9.9%</u>	<u>-0.3%</u>
Total	-8.2%	6.9%	8.5%	-5.9%	2.9%	-1.5%	-4.4%	9.8%	26.6%	2.2%	20.9%	9.2%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug			15.5%			15.3%			10.3%			3.6%
Med_NonDrug			-8.4%			-22.0%			12.1%			30.4%
NonMed_Drug			19.3%			17.8%			17.5%			14.0%
Med_Drug			<u>-7.4%</u>			<u>-9.5%</u>			<u>0.7%</u>			<u>2.7%</u>
Total			2.1%			-1.7%			9.1%			10.9%

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug			19.0%			23.2%			21.3%			10.6%
Med_NonDrug			-12.0%			-16.8%			-2.4%			5.5%
NonMed_Drug			10.5%			12.8%			16.6%			17.0%
Med_Drug			<u>2.8%</u>			<u>-5.6%</u>			<u>-4.9%</u>			<u>-3.4%</u>
Total			3.1%			-0.1%			4.9%			5.5%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2022 to FY 2023**

Fiscal Year 2023

Exposure

	<u>Jul-22</u>	<u>Aug-22</u>	<u>Sep-22</u>	<u>Oct-22</u>	<u>Nov-22</u>	<u>Dec-22</u>	<u>Jan-23</u>	<u>Feb-23</u>
NonMed_NonDrug	11,452	11,475	11,535	11,426	11,335	11,195	11,157	11,135
Med_NonDrug	1,381	1,547	1,720	1,904	2,094	2,247	332	464
NonMed_Drug	10,624	10,646	10,702	10,603	10,518	10,388	10,352	10,330
Med_Drug	1,438	1,612	1,791	1,983	2,181	2,341	346	483

	<u>Jul-22</u>	<u>Aug-22</u>	<u>Sep-22</u>	<u>Oct-22</u>	<u>Nov-22</u>	<u>Dec-22</u>	<u>Jan-23</u>	<u>Feb-23</u>
NonMed_NonDrug	\$252.91	\$323.82	\$333.84	\$334.20	\$310.89	\$311.37	\$359.30	\$367.75
Med_NonDrug	284.38	290.03	324.82	283.13	231.89	278.18	811.27	458.51
NonMed_Drug	218.81	268.72	268.89	222.61	236.84	266.30	257.85	204.02
Med_Drug	<u>370.45</u>	<u>395.15</u>	<u>394.54</u>	<u>353.93</u>	<u>358.47</u>	<u>369.95</u>	<u>393.45</u>	<u>429.08</u>
Total	\$1,126.55	\$1,277.72	\$1,322.08	\$1,193.87	\$1,138.08	\$1,225.80	\$1,821.88	\$1,459.37

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	-14.0%	-3.1%	6.9%	5.4%	0.8%	10.0%	9.1%	17.7%
Med_NonDrug	27.2%	15.6%	25.0%	32.4%	30.5%	57.9%	5.9%	5.3%
NonMed_Drug	3.0%	7.8%	10.3%	-9.7%	-4.1%	1.5%	-0.1%	-13.2%
Med_Drug	<u>-10.4%</u>	<u>-1.5%</u>	<u>-3.3%</u>	<u>-14.6%</u>	<u>-10.3%</u>	<u>-21.8%</u>	<u>-0.7%</u>	<u>1.1%</u>
Total	-1.5%	3.4%	8.1%	0.2%	0.5%	2.6%	4.1%	3.7%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug	-3.2%	5.3%
Med_NonDrug	22.5%	39.7%
NonMed_Drug	7.2%	-4.0%
Med_Drug	<u>-5.1%</u>	<u>-15.9%</u>
Total	3.4%	1.1%

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug	6.1%	4.0%
Med_NonDrug	11.7%	22.6%
NonMed_Drug	14.0%	8.3%
Med_Drug	<u>-2.8%</u>	<u>-4.2%</u>
Total	5.8%	6.4%