CONTINUING CARE ACTUARIES

# STATE OF WEST VIRGINIA

## RETIREE HEALTH BENEFIT TRUST FUND

**Quarterly Report**
**March 31, 2026**

**Fiscal Years 2026-2030**

***Report Date: June 2026***

***YOUR ACTUARIES FOR THE LONG-TERM!***

CONTINUING CARE ACTUARIES

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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 2030. 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.

Continuing Care Actuaries has provided financial report for fiscal year ending June 30, 2026 ("FY 2026"), June 30, 2027 ("FY 2027"), June 30, 2028 ("FY 2028"), June 30, 2029 ("FY 2029") and June 30, 2030 ("FY 2030"). Our opinion of plan adequacy is based on the projections through FY 2030 using updated future revenue and plan modifications provided by the Board in the plan adopted in December 2025.

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

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

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

In FY 2026 the Pay-Go is equivalent to $20 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 2025.

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

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

Based on our review, and subject to the conditions described herein, we believe the financial plan approved by the Board for FY 2026 through FY 2030 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 2030 as approved by the Board in December 2025.

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 2026 – FY 2030

## OVERVIEW

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

This report was compiled utilizing claims data collected by RHBT's third party administrators through May 2026 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 452 policy from the end of FY 2025 to June 2026. Continuing Care Actuaries has updated the claims analysis based on the enrollment through June 2026.

In aggregate, June 2026 enrollment has decreased by 452 coverage since the end of FY 2025. Aggregate Preferred Provider Benefit ("PPB") enrollment has decreased by 436 in total over the same period, while managed care enrollment continues to cover fewer participants, with a decrease of 16 coverages. For MAPD Capitations, the average of 52,343 Medicare policyholders in FY 2026 was used to calculate the capitation cost.

The following chart summarizes the current enrollment as of the selected monthly billing dates of June 2024, June 2025, and June 2026 for purposes of comparison:

| Trust Fund | | Preferred Provider Benefit* | | | Managed Care | | |
|---|---|---|---|---|---|---|---|
| | Coverage | Jun-24 | Jun-25 | Jun-26 | Jun-24 | Jun-25 | Jun-26 |
| Retirees | Medicare Single | 22,166 | 22,246 | 22,295 | - | - | - |
| | Medicare Family | 15,891 | 15,842 | 15,646 | - | - | - |
| | Medicare Total | 38,057 | 38,088 | 37,941 | - | - | - |
| | Non-Medicare Single | 1,899 | 1,851 | 1,707 | 85 | 77 | 73 |
| | Non-Medicare Family | 2,142 | 1,917 | 1,772 | 82 | 70 | 58 |
| | Non-Medicare Total | 4,041 | 3,768 | 3,479 | 167 | 147 | 131 |
| | Retiree Total | 42,098 | 41,856 | 41,420 | 167 | 147 | 131 |
| | Grand Total | | | | 42,265 | 42,003 | 41,551 |

* The majority of PPB is capitated through Humana. As of May 2026, there are approximately 508 Medicare retiree coverages under PEIA.

### B. Changes in Claim Backlog

Detail of the medical claim backlog is presented in the PEIA report titled "PEIA March 31, 2026 Quarterly Report".

**C. Trend Analysis**

RHBT experienced a lower medical trend and a higher prescription drugs trend in FY 2025, and over the past few years, total trends have been beneficial to the plan. Continuing Care Actuaries performed the detailed medical and prescription drugs trend analysis in the report titled, "PEIA FY2025 Detailed Medical and Prescription Drugs Claim Trend Report". This report includes the detailed trend analysis of PEIA experience by medical and prescription drugs. Based on the analysis, the assumed FY 2026 medical claim trend is 5.5%, the gross prescription drugs claim trend is 12.0% and the prescription drugs rebate trend is 5.0%. In 2026, 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 2026 Trend | Updated Assumption FY 2026 Trend |
|---|---|---|
| Non-Medicare – Medical | 8.5% | 5.5% |
| Medicare – Medical | 8.5% | 5.5% |
| Non-Medicare – Gross Drugs | 15.5% | 12.0% |
| Medicare – Gross Drugs | 15.5% | 12.0% |
| Prescription Drugs Rebate | 5.0% | 5.0% |

In the past, claim trends for the financial plan included a 0.5% margin for both the medical and drugs in future years. CCA has assumed the claim trends for the financial projection will increase by 0.5% for the medical and 0.75% for the drugs in FY 2027 and in each successive fiscal year. Additionally, drug rebates have been trending at approximately 9% over the last two years. As a result, CCA has separated net drugs in the financial plan into gross drugs and drug rebate amounts. Drug rebates trends are set at 5% in the financial plan. At the Board's request, the baseline trend assumptions have been established to reflect the most likely or expected trends.

The following chart summarizes the trend results observed for the plan using data through May 2026. 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)

| Fiscal Year | Medical Medicare | Medical Non-Medicare | Drugs Medicare | Drugs Non-Medicare | Total |
|---|---|---|---|---|---|
| 2004 | 9% | 2% | 3% | -2% | 6% |
| 2005 | 6% | -2% | 16% | 1% | 8% |
| 2006 | 6% | 5% | 11% | 17% | 8% |
| 2007 | 6% | 1% | 6% | 6% | 5% |
| 2008 | N/A | 6% | N/A | -1% | N/A |
| 2009 | N/A | -2% | N/A | 5% | N/A |
| 2010 | N/A | 3% | N/A | 7% | N/A |
| 2011 | N/A | 12% | N/A | 16% | N/A |
| 2012 | -5% | -6% | 2% | 8% | -2% |
| 2013 | 23% | -3% | -3% | -7% | -2% |
| 2014 | N/A | 7% | N/A | 6% | N/A |
| 2015 | N/A | 6% | N/A | 5% | N/A |
| 2016 | -10% | 2% | 11% | 9% | 3% |
| 2017 | 11% | 0% | 10% | 31% | 8% |
| 2018 | 12% | 8% | 41% | 14% | 11% |
| 2019 | 41% | 2% | -1% | 20% | 8% |
| 2020 | 19% | -10% | 5% | 12% | -2% |
| 2021 | -9% | 17% | 10% | 7% | 13% |
| 2022 | 9% | 11% | -3% | 17% | 12% |
| 2023 | -25% | 19% | -5% | 9% | 12% |
| 2024 | -8% | 3% | 14% | 19% | 9% |
| 2025 | 90% | 6% | 12% | 19% | 13% |
| 2026* | -16% | 11% | 13% | -1% | 6% |

* Fiscal year 2026 results are through the first eleven months ending May 2026. It should be noted that Humana's plan year starts in January 2014 in calendar year basis (not starting in July as in PEIA plan year basis) and the Medicare trends are not statistically credible in 2014 and 2015.

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

**D. Enrollment, Claim, Expense and Revenue Assumptions**

Using aggregate PEIA and Trust Fund paid claim data through May 2026 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 2026 claims and expenses are summarized in the following chart. It should be noted that the chart reflects per policy information.

| **Fiscal Year 2026 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 | 38,192 | | | $ 301** | $ 423** | $ 184 |
| | Non-Medicare | 3,710 | | | $ 1,285 | $ 552 | |
| | Total | 41,902 | $0 | $139 | | | |
| | Non-Medicare Managed Care | 138 | $0 | $710 | | | $ 2,362 |
| | Total | 42,040 | | | | | |

*Net of rebates and subsidies.

** As of May 2026, there are approximately 508 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 2025.

**Board Decisions – December 2025**

| Source | Fiscal Year 2026 | Fiscal Year 2027 | Fiscal Year 2028 | Fiscal Year 2029 | Fiscal Year 2030 |
|---|---|---|---|---|---|
| **Additional Non-Medicare Retiree Premium (Fiscal Year)** | $2,242,924 | $660,417 | $1,283,650 | $853,150 | $831,456 |
| **Additional Medicare Retiree Premium (Calendar Year)** | $5,842,777 | $1,685,776 | $4,955,752 | $4,179,747 | $4,425,711 |
| **General Revenue Transfer (OPEB Funding)** | $30,000,000 | $30,000,000 | $30,000,000 | $30,000,000 | $30,000,000 |
| **Benefit Reductions and Savings / (Increase) - Retiree Non-Medicare Medical** | $4,300,000 | $0 | $4,520,000 | $790,000 | $990,000 |
| **Benefit Reductions and Savings / (Increase) - Retiree Non-Medicare Drugs** | $1,300,000 | $0 | $1,370,000 | $240,000 | $300,000 |
| **Benefit Reductions and Savings / (Increase) - Retiree Medicare Medical** | $260,000 | $0 | $270,000 | $50,000 | $60,000 |
| **Benefit Reductions and Savings / (Increase) - Retiree Medicare Drugs** | $320,000 | $0 | $340,000 | $60,000 | $70,000 |
| **Benefit Reductions and Savings / (Increase) - Humana MAPD *(Calendar Year)*** | $32,600,000 | $0 | $16,300,000 | $2,860,000 | $3,580,000 |
| **Pay Go Premium Transfer** | $10,228,358 | $55,000,000 | $65,000,000 | $75,000,000 | $85,000,000 |
| **Actuarial Accrued Liability* (Beginning of Year)** | $2,223,178,727 | $2,258,247,225 | $2,285,278,553 | $2,302,921,958 | $2,310,860,543 |
| **Funded Status** | **95.8%** | **103.4%** | **107.8%** | **113.5%** | **120.2%** |

*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.

West Virginia Public Employees Insurance Agency Finance Board is projecting to implement benefit reductions for Non-Medicare retirees and Medicare retirees in FY 2028 through FY 2030.

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 $1,205,137 in FY 2026 to $1,639,576 in FY 2030, based on the Board's direction and projected retiree enrollment growth in the financial plan.

In FY 2026, the ACA PCORI fee is approximately $3.84 per person per year.

**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 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 $519,893,747 and incurred plan expenses of $211,183,486 to produce a fiscal year surplus of $308,710,260 after the Premium Stabilization Reserve drawdown of $101,711,118. The PEIA local and state agencies Pay Go premiums for FY 2026 are assumed to be $10,228,358.

## 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 $398,666,836 and incurred plan expenses of $232,650,325 to produce a fiscal year surplus of $166,016,511 after the Premium Stabilization Reserve drawdown of $37,838,813. The PEIA local and state agencies Pay Go premiums for FY 2027 are assumed to be $55,000,000.

## FISCAL YEAR 2028 FORECAST

The financial forecast for FY 2028 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2028 projects accrued revenue of $385,834,825 and incurred plan expenses of $236,836,713 to produce a fiscal year surplus of $148,998,112 after the Premium Stabilization Reserve drawdown of $0. The PEIA local and state agencies Pay Go premiums for FY 2028 are assumed to be $65,000,000.

## FISCAL YEAR 2029 FORECAST

The financial forecast for FY 2029 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2029 projects accrued revenue of $412,466,455 and incurred plan expenses of $248,830,492 to produce a fiscal year surplus of $163,635,963 after the Premium Stabilization Reserve drawdown of $0. The PEIA local and state agencies Pay Go premiums for FY 2029 are assumed to be $75,000,000.

## FISCAL YEAR 2030 FORECAST

The financial forecast for FY 2030 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2030 projects accrued revenue of $439,924,160 and incurred plan expenses of $271,230,247 to produce a fiscal year surplus of $168,693,913 after the Premium Stabilization Reserve drawdown of $0. The PEIA local and state agencies Pay Go premiums for FY 2030 are assumed to be $85,000,000.

## 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 2030. These projections are based on significant revenue increases as contained in the financial plan adopted by the Board in December 2025 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
## F I S C A L  Y E A R  2 0 2 6

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

| | 7/1/2025 to 12/31/2025 | 1/1/2026 to 6/30/2026 | TRUST Total |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 5,114,179 | $ 5,114,179 | $ 10,228,358 |
| Retiree Premiums - PPB | 33,352,392 | 36,580,871 | 69,933,263 |
| Retiree Premiums - MCO | 604,590 | 571,417 | 1,176,007 |
| Non Par Premiums | 1,055,202 | 1,055,202 | 2,110,404 |
| Life Insurance | 13,012,168 | 13,012,168 | 26,024,336 |
| Investment Income | 139,355,130 | 139,355,130 | 278,710,260 |
| Transfer from Premium Stabilization Reserve | 54,574,428 | 47,136,690 | 101,711,118 |
| General Revenue Transfer (OPEB Funding) | 15,000,000 | 15,000,000 | 30,000,000 |
| General Revenue Transfer (Premium Offset) | - | - | - |
| Total Revenue | $ 262,068,089 | $ 257,825,657 | $ 519,893,747 |
| Program Expenses | | | |
| Non-Medicare Medical Claims | $ 29,177,603 | $ 28,047,208 | $ 57,224,811 |
| Gross Non-Medicare Prescription Drug Claims | 18,483,258 | 18,309,288 | 36,792,546 |
| Non-Medicare Prescription Drug Rebates | (6,130,882) | (6,073,176) | (12,204,057) |
| Medicare Medical Claims | 2,783,317 | 991,362 | 3,774,679 |
| Gross Medicare Prescription Drug Claims | 6,049,282 | 2,224,175 | 8,273,457 |
| Medicare Prescription Drug Rebates | (2,006,542) | (737,757) | (2,744,299) |
| Non-Medicare Managed Care Capitations | 1,955,803 | 1,955,803 | 3,911,605 |
| Humana MAPD Program | 38,077,306 | 46,451,000 | 84,528,306 |
| Administration | 2,153,681 | 2,153,681 | 4,307,361 |
| Life Insurance | 13,018,755 | 13,018,755 | 26,037,509 |
| Wellness | - | - | - |
| Retiree Assistance Program | 602,569 | 602,569 | 1,205,137 |
| ACA Reinsurance Contributions | - | - | - |
| ACA PCORI Fees | 17,077 | 17,077 | 34,153 |
| Director's Discretionary Fund | 21,139 | 21,139 | 42,278 |
| Total Expenses | $ 104,202,364 | $ 106,981,122 | $ 211,183,486 |
| Fiscal Year Results | $ 157,865,725 | $ 150,844,535 | $ 308,710,260 |
| Beginning Restricted Reserve | | | $ 1,989,324,912 |
| Ending Restricted Reserve | | | $ 2,298,035,172 |
| Beginning Premium Stabilization Reserve | | | $ 139,549,931 |
| PSR Addition/(Drawdown) | | | $ (101,711,118) |
| Ending Premium Stabilization Reserve | | | $ 37,838,813 |
| Total Beginning Plan Reserve | | | 2,128,874,843 |
| Total Ending Plan Reserve | | | $ 2,335,873,985 |
| Accrued Actuarial Liability (AAL) | | | $ 2,223,178,727 |
| Funded Status | | | 95.8% |

**KEY ASSUMPTIONS**

| | |
|---|---|
| Pay Go Monthly Premium for Actives | $ 11.47 |
| Additional Retiree Premiums | $ 6,096,560 |
| Pay Go PEPM Subsidy for Retirees | $ 20.28 |
| Number of Net New Retirees | 1,000 |

**Claim and Other Expense Trends**

| Eligibility | Medical | Gross Drugs |
|---|---|---|
| Non-Medicare | 5.5% | 12.0% |
| Medicare | 5.5% | 12.0% |
| Prescription Drug Rebates | | 5.0% |
| Capitations | | 6.0% |
| Administrative Expense | | -11.8% |
| Pay Go Monthly Premium | | -64.9% |

# APPENDIX - BASELINE SCENARIO
## RHBT - MEDICARE

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 2 6

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

| Medicare Retiree | Baseline Projection | Board Decision | Ending Projection |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 3,993,394 | | $ 3,993,394 |
| Employer Premiums - PPB | 4,395,312 | (295,290) | 4,100,022 |
| Employer Premiums - MCO | - | - | - |
| Retiree Premiums - PPB | 39,324,906 | 4,148,927 | 43,473,833 |
| Retiree Premiums - MCO | - | - | - |
| Non Par Premiums | 1,386,792 | | 1,386,792 |
| Life Insurance | 17,101,155 | | 17,101,155 |
| Investment Income | 167,170,349 | | 167,170,349 |
| Transfer from Premium Stabilization Reserve | 69,461,165 | | 69,461,165 |
| General Revenue Transfer (OPEB Funding) | 17,579,620 | | 17,579,620 |
| General Revenue Transfer (Premium Offset) | - | | - |
| Total Revenue | $ 320,412,693 | $ 3,853,637 | $ 324,266,330 |
| Program Expenses | | | |
| Medicare Medical Claims | $ 3,774,679 | $ - | $ 3,774,679 |
| Gross Medicare Prescription Drug Claims | 8,273,457 | - | 8,273,457 |
| Medicare Prescription Drug Rebates | (2,744,299) | | (2,744,299) |
| Humana MAPD Program | 84,528,306 | | 84,528,306 |
| Administration | 1,589,964 | | 1,589,964 |
| Life Insurance | 17,109,811 | | 17,109,811 |
| Wellness | - | | - |
| Retiree Assistance Program | 791,922 | | 791,922 |
| ACA Reinsurance Contributions | - | | - |
| ACA PCORI Fees | 6,571 | | 6,571 |
| Director's Discretionary Fund | - | | - |
| Total Expenses | $ 113,330,411 | $ - | $ 113,330,411 |
| Fiscal Year Results | $ 207,082,282 | | $ 210,935,918 |
| Beginning Restricted Reserve | $ 1,175,234,839 | | $ 1,175,234,839 |
| Ending Restricted Reserve | $ 1,382,317,121 | | $ 1,386,170,757 |
| Beginning Premium Stabilization Reserve | $ 101,663,794 | | $ 101,663,794 |
| PSR Addition/(Drawdown) | $ (69,461,165) | | $ (69,461,165) |
| Ending Premium Stabilization Reserve | $ 32,202,629 | | $ 32,202,629 |
| Total Beginning Plan Reserve | 1,276,898,633 | | 1,276,898,633 |
| Total Ending Plan Reserve | $ 1,414,519,750 | | $ 1,418,373,387 |
| Accrued Actuarial Liability (AAL) | $ 2,223,178,727 | | $ 2,223,178,727 |
| Funded Status | 98.6% | | 98.7% |

**KEY ASSUMPTIONS**

| | |
|---|---|
| Pay Go Monthly Premium for Actives | $ 11.47 |
| Additional Retiree Premiums | $ 3,853,637 |
| Pay Go PEPM Subsidy for Retirees | $ 8.71 |
| Number of Net New Retirees | 1,200 |

**Claim and Other Expense Trends**

| Eligibility | Medical | Gross Drugs |
|---|---|---|
| Medicare | 5.5% | 12.0% |
| Prescription Drug Rebates | | 5.0% |
| Capitations | | 6.0% |
| Administrative Expense | | -11.8% |
| Pay Go Monthly Premium | | -64.9% |

# APPENDIX - BASELINE SCENARIO
## RHBT - NON-MEDICARE

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 2 6

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

| Non-Medicare Retiree | Baseline Projection | Board Decision | Ending Projection |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 6,234,964 | | $ 6,234,964 |
| Employer Premiums - PPB | 4,415,048 | (940,859) | 3,474,189 |
| Employer Premiums - MCO | 362,118 | (18,359) | 343,760 |
| Retiree Premiums - PPB | 15,785,155 | 3,100,064 | 18,885,219 |
| Retiree Premiums - MCO | 730,170 | 102,077 | 832,248 |
| Non Par Premiums | 723,612 | | 723,612 |
| Life Insurance | 8,923,182 | | 8,923,182 |
| Investment Income | 111,539,911 | | 111,539,911 |
| Transfer from Premium Stabilization Reserve | 32,249,953 | | 32,249,953 |
| General Revenue Transfer (OPEB Funding) | 12,420,380 | | 12,420,380 |
| General Revenue Transfer (Premium Offset) | - | | - |
| Total Revenue | $ 193,384,494 | $ 2,242,924 | $ 195,627,418 |
| Program Expenses | | | |
| Non-Medicare Medical Claims | $ 57,224,811 | $ - | $ 57,224,811 |
| Gross Non-Medicare Prescription Drug Claims | 36,792,546 | - | 36,792,546 |
| Non-Medicare Prescription Drug Rebates | (12,204,057) | | (12,204,057) |
| Non-Medicare Managed Care Capitations | 3,911,605 | | 3,911,605 |
| Administration | 2,717,396 | | 2,717,396 |
| Life Insurance | 8,927,698 | | 8,927,698 |
| Wellness | - | | - |
| Retiree Assistance Program | 413,215 | | 413,215 |
| ACA Reinsurance Contributions | - | | - |
| ACA PCORI Fees | 27,582 | | 27,582 |
| Director's Discretionary Fund | 42,278 | | 42,278 |
| Total Expenses | $ 97,853,074 | $ - | $ 97,853,074 |
| Fiscal Year Results | $ 95,531,420 | | $ 97,774,344 |
| Beginning Restricted Reserve | $ 814,090,073 | | $ 814,090,073 |
| Ending Restricted Reserve | $ 909,621,493 | | $ 911,864,417 |
| Beginning Premium Stabilization Reserve | $ 37,886,137 | | $ 37,886,137 |
| PSR Addition/(Drawdown) | $ (32,249,953) | | $ (32,249,953) |
| Ending Premium Stabilization Reserve | $ 5,636,184 | | $ 5,636,184 |
| Total Beginning Plan Reserve | 851,976,210 | | 851,976,210 |
| Total Ending Plan Reserve | $ 915,257,677 | | $ 917,500,600 |
| Accrued Actuarial Liability (AAL) | $ - | | $ - |
| Funded Status | N/A | | N/A |

**KEY ASSUMPTIONS**

| | | | | |
|---|---|---|---|---|
| Pay Go Monthly Premium for Actives | $ 11.47 | **Claim and Other Expense Trends** | | |
| Additional Retiree Premiums | $ 2,242,924 | Eligibility | Medical | Gross Drugs |
| Pay Go PEPM Subsidy for Retirees | $ 135.03 | Non-Medicare | 5.5% | 12.0% |
| | | Prescription Drug Rebates | | 5.0% |
| | | Capitations | | 6.0% |
| | | Administrative Expense | | -11.8% |
| Number of Net New Retirees | (200) | Pay Go Monthly Premium | | -64.9% |

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

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 2 7

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

| | 7/1/2026 to 12/31/2026 | 1/1/2027 to 6/30/2027 | TRUST Total |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 27,500,000 | $ 27,500,000 | $ 55,000,000 |
| Retiree Premiums - PPB | 35,388,935 | 36,217,530 | 71,606,464 |
| Retiree Premiums - MCO | 595,865 | 595,865 | 1,191,731 |
| Non Par Premiums | 1,023,546 | 1,023,546 | 2,047,092 |
| Life Insurance | 13,662,777 | 13,662,777 | 27,325,553 |
| Investment Income | 86,828,591 | 86,828,591 | 173,657,183 |
| Transfer from Premium Stabilization Reserve | 20,242,450 | 17,596,363 | 37,838,813 |
| General Revenue Transfer (OPEB Funding) | 15,000,000 | 15,000,000 | 30,000,000 |
| General Revenue Transfer (Premium Offset) | - | - | - |
| Total Revenue | $ 200,242,164 | $ 198,424,672 | $ 398,666,836 |
| Program Expenses | | | |
| Non-Medicare Medical Claims | $ 31,132,967 | $ 29,997,472 | $ 61,130,439 |
| Gross Non-Medicare Prescription Drug Claims | 20,949,047 | 20,821,062 | 41,770,109 |
| Non-Medicare Prescription Drug Rebates | (6,501,800) | (6,440,603) | (12,942,403) |
| Medicare Medical Claims | 2,852,544 | 1,018,575 | 3,871,119 |
| Gross Medicare Prescription Drug Claims | 6,585,795 | 2,430,038 | 9,015,833 |
| Medicare Prescription Drug Rebates | (2,043,663) | (751,405) | (2,795,068) |
| Non-Medicare Managed Care Capitations | 2,131,825 | 2,131,825 | 4,263,649 |
| Humana MAPD Program | 45,638,722 | 49,415,493 | 95,054,215 |
| Administration | 2,218,291 | 2,218,291 | 4,436,582 |
| Life Insurance | 13,669,693 | 13,669,693 | 27,339,385 |
| Wellness | - | - | - |
| Retiree Assistance Program | 650,774 | 650,774 | 1,301,548 |
| ACA Reinsurance Contributions | - | - | - |
| ACA PCORI Fees | 17,039 | 17,039 | 34,079 |
| Director's Discretionary Fund | 85,420 | 85,420 | 170,839 |
| Total Expenses | $ 117,386,653 | $ 115,263,672 | $ 232,650,325 |
| Fiscal Year Results | $ 82,855,511 | $ 83,161,000 | $ 166,016,511 |
| Beginning Restricted Reserve | | | $ 2,298,035,172 |
| Ending Restricted Reserve | | | $ 2,464,051,683 |
| Beginning Premium Stabilization Reserve | | | $ 37,838,813 |
| PSR Addition/(Drawdown) | | | $ (37,838,813) |
| Ending Premium Stabilization Reserve | | | $ - |
| Total Beginning Plan Reserve | | | 2,335,873,985 |
| Total Ending Plan Reserve | | | $ 2,464,051,683 |
| Accrued Actuarial Liability (AAL) | | | $ 2,258,247,225 |
| Funded Status | | | 103.4% |

**KEY ASSUMPTIONS**

| | |
|---|---|
| Pay Go Monthly Premium for Actives | $ 61.85 |
| Additional Retiree Premiums | $ 4,599,076 |
| Pay Go PEPM Subsidy for Retirees | $ 108.89 |
| Number of Net New Retirees | 1,000 |

**Claim and Other Expense Trends**

| Eligibility | Medical | Gross Drugs |
|---|---|---|
| Non-Medicare | 6.0% | 12.8% |
| Medicare | 6.0% | 12.8% |
| Prescription Drug Rebates | | 5.0% |
| Capitations | | 6.5% |
| Administrative Expense | | 3.0% |
| Pay Go Monthly Premium | | 437.7% |

# APPENDIX - BASELINE SCENARIO
## RHBT - MEDICARE

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 2 7

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

| Medicare Retiree | Baseline Projection | Board Decision | Ending Projection |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 25,819,246 | | $ 25,819,246 |
| Employer Premiums - PPB | 4,657,133 | 395,192 | 5,052,324 |
| Employer Premiums - MCO | - | - | - |
| Retiree Premiums - PPB | 41,757,946 | 3,543,467 | 45,301,414 |
| Retiree Premiums - MCO | - | - | - |
| Non Par Premiums | 1,345,188 | | 1,345,188 |
| Life Insurance | 17,956,212 | | 17,956,212 |
| Investment Income | 105,446,924 | | 105,446,924 |
| Transfer from Premium Stabilization Reserve | 32,202,629 | | 32,202,629 |
| General Revenue Transfer (OPEB Funding) | 18,333,552 | | 18,333,552 |
| General Revenue Transfer (Premium Offset) | - | | - |
| Total Revenue | $ 247,518,830 | $ 3,938,659 | $ 251,457,489 |
| Program Expenses | | | |
| Medicare Medical Claims | $ 3,871,119 | $ - | $ 3,871,119 |
| Gross Medicare Prescription Drug Claims | 9,015,833 | - | 9,015,833 |
| Medicare Prescription Drug Rebates | (2,795,068) | | (2,795,068) |
| Humana MAPD Program | 95,054,215 | | 95,054,215 |
| Administration | 1,637,663 | | 1,637,663 |
| Life Insurance | 17,965,301 | | 17,965,301 |
| Wellness | - | | - |
| Retiree Assistance Program | 855,275 | | 855,275 |
| ACA Reinsurance Contributions | - | | - |
| ACA PCORI Fees | 9,026 | | 9,026 |
| Director's Discretionary Fund | - | | - |
| Total Expenses | $ 125,613,364 | $ - | $ 125,613,364 |
| Fiscal Year Results | $ 121,905,466 | | $ 125,844,125 |
| Beginning Restricted Reserve | $ 1,386,170,757 | | $ 1,386,170,757 |
| Ending Restricted Reserve | $ 1,508,076,223 | | $ 1,512,014,883 |
| Beginning Premium Stabilization Reserve | $ 32,202,629 | | $ 32,202,629 |
| PSR Addition/(Drawdown) | $ (32,202,629) | | $ (32,202,629) |
| Ending Premium Stabilization Reserve | $ (0) | | $ (0) |
| Total Beginning Plan Reserve | 1,418,373,387 | | 1,418,373,387 |
| Total Ending Plan Reserve | $ 1,508,076,223 | | $ 1,512,014,883 |
| Accrued Actuarial Liability (AAL) | $ 2,258,247,225 | | $ 2,258,247,225 |
| Funded Status | 104.9% | | 105.0% |

**KEY ASSUMPTIONS**

| | | | | |
|---|---|---|---|---|
| Pay Go Monthly Premium for Actives | $ 61.85 | **Claim and Other Expense Trends** | | |
| Additional Retiree Premiums | $ 3,938,659 | Eligibility | Medical | Gross Drugs |
| Pay Go PEPM Subsidy for Retirees | $ 55.75 | Medicare | 6.0% | 12.8% |
| | | Prescription Drug Rebates | | 5.0% |
| | | Capitations | | 6.5% |
| | | Administrative Expense | | 3.0% |
| Number of Net New Retirees | 1,200 | Pay Go Monthly Premium | | 437.7% |

# APPENDIX - BASELINE SCENARIO
## RHBT - NON-MEDICARE

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 2 7

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

| Non-Medicare Retiree | Baseline Projection | Board Decision | Ending Projection |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 29,180,754 | | $ 29,180,754 |
| Employer Premiums - PPB | 4,490,302 | 136,130 | 4,626,432 |
| Employer Premiums - MCO | 382,847 | 11,607 | 394,453 |
| Retiree Premiums - PPB | 16,137,074 | 489,220 | 16,626,294 |
| Retiree Premiums - MCO | 773,818 | 23,459 | 797,277 |
| Non Par Premiums | 701,903 | | 701,903 |
| Life Insurance | 9,369,341 | | 9,369,341 |
| Investment Income | 68,210,259 | | 68,210,259 |
| Transfer from Premium Stabilization Reserve | 5,636,184 | | 5,636,184 |
| General Revenue Transfer (OPEB Funding) | 11,666,448 | | 11,666,448 |
| General Revenue Transfer (Premium Offset) | - | | - |
| Total Revenue | $ 146,548,929 | $ 660,417 | $ 147,209,346 |
| Program Expenses | | | |
| Non-Medicare Medical Claims | $ 61,130,439 | $ - | $ 61,130,439 |
| Gross Non-Medicare Prescription Drug Claims | 41,770,109 | - | 41,770,109 |
| Non-Medicare Prescription Drug Rebates | (12,942,403) | | (12,942,403) |
| Non-Medicare Managed Care Capitations | 4,263,649 | | 4,263,649 |
| Administration | 2,798,918 | | 2,798,918 |
| Life Insurance | 9,374,083 | | 9,374,083 |
| Wellness | - | | - |
| Retiree Assistance Program | 446,273 | | 446,273 |
| ACA Reinsurance Contributions | - | | - |
| ACA PCORI Fees | 25,052 | | 25,052 |
| Director's Discretionary Fund | 170,839 | | 170,839 |
| Total Expenses | $ 107,036,959 | $ - | $ 107,036,959 |
| Fiscal Year Results | $ 39,511,970 | | $ 40,172,387 |
| Beginning Restricted Reserve | $ 911,864,417 | | $ 911,864,417 |
| Ending Restricted Reserve | $ 951,376,387 | | $ 952,036,804 |
| Beginning Premium Stabilization Reserve | $ 5,636,184 | | $ 5,636,184 |
| PSR Addition/(Drawdown) | $ (5,636,184) | | $ (5,636,184) |
| Ending Premium Stabilization Reserve | $ 0 | | $ 0 |
| Total Beginning Plan Reserve | 917,500,600 | | 917,500,600 |
| Total Ending Plan Reserve | $ 951,376,387 | | $ 952,036,804 |
| Accrued Actuarial Liability (AAL) | $ - | | $ - |
| Funded Status | N/A | | N/A |

**KEY ASSUMPTIONS**

| | | | | |
|---|---|---|---|---|
| Pay Go Monthly Premium for Actives | $ 61.85 | **Claim and Other Expense Trends** | | |
| Additional Retiree Premiums | $ 660,417 | Eligibility | Medical | Gross Drugs |
| Pay Go PEPM Subsidy for Retirees | $ 694.62 | Non-Medicare | 6.0% | 12.8% |
| | | Prescription Drug Rebates | | 5.0% |
| | | Capitations | | 6.5% |
| | | Administrative Expense | | 3.0% |
| Number of Net New Retirees | (200) | Pay Go Monthly Premium | | 437.7% |

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

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 2 8

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

| | 7/1/2027 to 12/31/2027 | 1/1/2028 to 6/30/2028 | TRUST Total |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 32,500,000 | $ 32,500,000 | $ 65,000,000 |
| Retiree Premiums - PPB | 36,997,153 | 38,669,449 | 75,666,602 |
| Retiree Premiums - MCO | 630,052 | 630,052 | 1,260,105 |
| Non Par Premiums | 992,840 | 992,840 | 1,985,679 |
| Life Insurance | 14,345,916 | 14,345,916 | 28,691,831 |
| Investment Income | 91,615,304 | 91,615,304 | 183,230,608 |
| Transfer from Premium Stabilization Reserve | - | - | - |
| General Revenue Transfer (OPEB Funding) | 15,000,000 | 15,000,000 | 30,000,000 |
| General Revenue Transfer (Premium Offset) | - | - | - |
| Total Revenue | $ 192,081,265 | $ 193,753,560 | $ 385,834,825 |
| Program Expenses | | | |
| Non-Medicare Medical Claims | $ 31,077,280 | $ 30,014,178 | $ 61,091,458 |
| Gross Non-Medicare Prescription Drug Claims | 23,216,533 | 23,151,123 | 46,367,655 |
| Non-Medicare Prescription Drug Rebates | (6,895,159) | (6,830,259) | (13,725,418) |
| Medicare Medical Claims | 2,738,502 | 980,302 | 3,718,804 |
| Gross Medicare Prescription Drug Claims | 6,969,685 | 2,580,759 | 9,550,445 |
| Medicare Prescription Drug Rebates | (2,081,471) | (765,306) | (2,846,777) |
| Non-Medicare Managed Care Capitations | 2,323,689 | 2,323,689 | 4,647,377 |
| Humana MAPD Program | 48,551,375 | 44,594,095 | 93,145,471 |
| Administration | 2,284,840 | 2,284,840 | 4,569,679 |
| Life Insurance | 14,353,177 | 14,353,177 | 28,706,354 |
| Wellness | - | - | - |
| Retiree Assistance Program | 702,836 | 702,836 | 1,405,672 |
| ACA Reinsurance Contributions | - | - | - |
| ACA PCORI Fees | 19,937 | 19,937 | 39,875 |
| Director's Discretionary Fund | 83,059 | 83,059 | 166,118 |
| Total Expenses | $ 123,344,284 | $ 113,492,429 | $ 236,836,713 |
| Fiscal Year Results | $ 68,736,981 | $ 80,261,131 | $ 148,998,112 |
| Beginning Restricted Reserve | | | $ 2,464,051,683 |
| Ending Restricted Reserve | | | $ 2,613,049,795 |
| Beginning Premium Stabilization Reserve | | | $ - |
| PSR Addition/(Drawdown) | | | $ - |
| Ending Premium Stabilization Reserve | | | $ - |
| Total Beginning Plan Reserve | | | 2,464,051,683 |
| Total Ending Plan Reserve | | | $ 2,613,049,795 |
| Accrued Actuarial Liability (AAL) | | | $ 2,285,278,553 |
| Funded Status | | | 107.8% |

**KEY ASSUMPTIONS**

| | | | | |
|---|---|---|---|---|
| Pay Go Monthly Premium for Actives | $ 73.10 | **Claim and Other Expense Trends** | | |
| Additional Retiree Premiums | $ 5,243,124 | Eligibility | Medical | Gross Drugs |
| Pay Go PEPM Subsidy for Retirees | $ 125.70 | Non-Medicare | 6.5% | 13.5% |
| | | Medicare | 6.5% | 13.5% |
| | | Prescription Drug Rebates | | 5.0% |
| | | Capitations | | 7.0% |
| | | Administrative Expense | | 3.0% |
| Number of Net New Retirees | 1,000 | Pay Go Monthly Premium | | 18.2% |

# APPENDIX - BASELINE SCENARIO
## RHBT - MEDICARE

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 2 8

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

| Medicare Retiree | Baseline Projection | Board Decision | Ending Projection |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 30,602,506 | | $ 30,602,506 |
| Employer Premiums - PPB | 5,062,898 | 397,280 | 5,460,178 |
| Employer Premiums - MCO | - | - | - |
| Retiree Premiums - PPB | 45,396,223 | 3,562,193 | 48,958,416 |
| Retiree Premiums - MCO | - | - | - |
| Non Par Premiums | 1,304,833 | | 1,304,833 |
| Life Insurance | 18,854,023 | | 18,854,023 |
| Investment Income | 112,435,712 | | 112,435,712 |
| Transfer from Premium Stabilization Reserve | - | | - |
| General Revenue Transfer (OPEB Funding) | 18,219,857 | | 18,219,857 |
| General Revenue Transfer (Premium Offset) | - | | - |
| Total Revenue | $ 231,876,051 | $ 3,959,474 | $ 235,835,525 |
| Program Expenses | | | |
| Medicare Medical Claims | $ 3,988,804 | $ (270,000) | $ 3,718,804 |
| Gross Medicare Prescription Drug Claims | 9,890,445 | (340,000) | 9,550,445 |
| Medicare Prescription Drug Rebates | (2,846,777) | | (2,846,777) |
| Humana MAPD Program | 93,145,471 | | 93,145,471 |
| Administration | 1,686,793 | | 1,686,793 |
| Life Insurance | 18,863,566 | | 18,863,566 |
| Wellness | - | | - |
| Retiree Assistance Program | 923,697 | | 923,697 |
| ACA Reinsurance Contributions | - | | - |
| ACA PCORI Fees | 16,184 | | 16,184 |
| Director's Discretionary Fund | - | | - |
| Total Expenses | $ 125,668,182 | $ (610,000) | $ 125,058,182 |
| Fiscal Year Results | $ 106,207,869 | | $ 110,777,343 |
| Beginning Restricted Reserve | $ 1,512,014,883 | | $ 1,512,014,883 |
| Ending Restricted Reserve | $ 1,618,222,752 | | $ 1,622,792,225 |
| Beginning Premium Stabilization Reserve | $ (0) | | $ (0) |
| PSR Addition/(Drawdown) | $ - | | $ - |
| Ending Premium Stabilization Reserve | $ (0) | | $ (0) |
| Total Beginning Plan Reserve | 1,512,014,883 | | 1,512,014,883 |
| Total Ending Plan Reserve | $ 1,618,222,752 | | $ 1,622,792,225 |
| Accrued Actuarial Liability (AAL) | $ 2,285,278,553 | | $ 2,285,278,553 |
| Funded Status | 109.2% | | 109.5% |

**KEY ASSUMPTIONS**

| | |
|---|---|
| Pay Go Monthly Premium for Actives | $ 73.10 |
| Additional Retiree Premiums | $ 3,959,474 |
| Pay Go PEPM Subsidy for Retirees | $ 64.09 |
| Number of Net New Retirees | 1,200 |

**Claim and Other Expense Trends**

| Eligibility | Medical | Gross Drugs |
|---|---|---|
| Medicare | 6.5% | 13.5% |
| Prescription Drug Rebates | | 5.0% |
| Capitations | | 7.0% |
| Administrative Expense | | 3.0% |
| Pay Go Monthly Premium | | 18.2% |

# APPENDIX - BASELINE SCENARIO
## RHBT - NON-MEDICARE

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 2 8

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

| Non-Medicare Retiree | Baseline Projection | Board Decision | Ending Projection |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 34,397,494 | | $ 34,397,494 |
| Employer Premiums - PPB | 4,361,615 | 263,789 | 4,625,405 |
| Employer Premiums - MCO | 393,298 | 23,787 | 417,085 |
| Retiree Premiums - PPB | 15,674,606 | 947,996 | 16,622,603 |
| Retiree Premiums - MCO | 794,942 | 48,078 | 843,020 |
| Non Par Premiums | 680,846 | | 680,846 |
| Life Insurance | 9,837,808 | | 9,837,808 |
| Investment Income | 70,794,896 | | 70,794,896 |
| Transfer from Premium Stabilization Reserve | - | | - |
| General Revenue Transfer (OPEB Funding) | 11,780,143 | | 11,780,143 |
| General Revenue Transfer (Premium Offset) | - | | - |
| Total Revenue | $ 148,715,649 | $ 1,283,650 | $ 149,999,299 |
| Program Expenses | | | |
| Non-Medicare Medical Claims | $ 65,611,458 | $ (4,520,000) | $ 61,091,458 |
| Gross Non-Medicare Prescription Drug Claims | 47,737,655 | (1,370,000) | 46,367,655 |
| Non-Medicare Prescription Drug Rebates | (13,725,418) | | (13,725,418) |
| Non-Medicare Managed Care Capitations | 4,647,377 | | 4,647,377 |
| Administration | 2,882,886 | | 2,882,886 |
| Life Insurance | 9,842,787 | | 9,842,787 |
| Wellness | - | | - |
| Retiree Assistance Program | 481,974 | | 481,974 |
| ACA Reinsurance Contributions | - | | - |
| ACA PCORI Fees | 23,691 | | 23,691 |
| Director's Discretionary Fund | 166,118 | | 166,118 |
| Total Expenses | $ 117,668,528 | $ (5,890,000) | $ 111,778,528 |
| Fiscal Year Results | $ 31,047,121 | | $ 38,220,771 |
| Beginning Restricted Reserve | $ 952,036,804 | | $ 952,036,804 |
| Ending Restricted Reserve | $ 983,083,925 | | $ 990,257,575 |
| Beginning Premium Stabilization Reserve | $ 0 | | $ 0 |
| PSR Addition/(Drawdown) | $ - | | $ - |
| Ending Premium Stabilization Reserve | $ 0 | | $ 0 |
| Total Beginning Plan Reserve | 952,036,804 | | 952,036,804 |
| Total Ending Plan Reserve | $ 983,083,925 | | $ 990,257,575 |
| Accrued Actuarial Liability (AAL) | $ - | | $ - |
| Funded Status | N/A | | N/A |

**KEY ASSUMPTIONS**

| | | | |
|---|---|---|---|
| Pay Go Monthly Premium for Actives | $ 73.10 | **Claim and Other Expense Trends** | |
| Additional Retiree Premiums | $ 1,283,650 | Eligibility / Medical / Gross Drugs | |
| Pay Go PEPM Subsidy for Retirees | $ 868.59 | Non-Medicare / 6.5% / 13.5% | |
| | | Prescription Drug Rebates | 5.0% |
| | | Capitations | 7.0% |
| | | Administrative Expense | 3.0% |
| Number of Net New Retirees | (200) | Pay Go Monthly Premium | 18.2% |

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

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 2 9

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

| | 7/1/2028 to 12/31/2028 | 1/1/2029 to 6/30/2029 | TRUST Total |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 37,500,000 | $ 37,500,000 | $ 75,000,000 |
| Retiree Premiums - PPB | 39,249,654 | 40,494,677 | 79,744,330 |
| Retiree Premiums - MCO | 657,569 | 657,569 | 1,315,139 |
| Non Par Premiums | 963,055 | 963,055 | 1,926,109 |
| Life Insurance | 15,063,211 | 15,063,211 | 30,126,422 |
| Investment Income | 97,177,228 | 97,177,228 | 194,354,455 |
| Transfer from Premium Stabilization Reserve | - | - | - |
| General Revenue Transfer (OPEB Funding) | 15,000,000 | 15,000,000 | 30,000,000 |
| General Revenue Transfer (Premium Offset) | - | - | - |
| Total Revenue | $ 205,610,716 | $ 206,855,739 | $ 412,466,455 |
| Program Expenses | | | |
| Non-Medicare Medical Claims | $ 33,072,451 | $ 32,015,800 | $ 65,088,252 |
| Gross Non-Medicare Prescription Drug Claims | 26,545,578 | 26,557,888 | 53,103,466 |
| Non-Medicare Prescription Drug Rebates | (7,312,316) | (7,243,490) | (14,555,806) |
| Medicare Medical Claims | 2,796,385 | 1,003,517 | 3,799,902 |
| Gross Medicare Prescription Drug Claims | 7,645,506 | 2,840,926 | 10,486,432 |
| Medicare Prescription Drug Rebates | (2,119,978) | (779,465) | (2,899,443) |
| Non-Medicare Managed Care Capitations | 2,532,821 | 2,532,821 | 5,065,641 |
| Humana MAPD Program | 43,814,289 | 48,346,333 | 92,160,622 |
| Administration | 2,353,385 | 2,353,385 | 4,706,770 |
| Life Insurance | 15,070,836 | 15,070,836 | 30,141,672 |
| Wellness | - | - | - |
| Retiree Assistance Program | 759,063 | 759,063 | 1,518,126 |
| ACA Reinsurance Contributions | - | - | - |
| ACA PCORI Fees | 22,837 | 22,837 | 45,675 |
| Director's Discretionary Fund | 84,592 | 84,592 | 169,183 |
| Total Expenses | $ 125,265,449 | $ 123,565,043 | $ 248,830,492 |
| Fiscal Year Results | $ 80,345,267 | $ 83,290,696 | $ 163,635,963 |
| Beginning Restricted Reserve | | | $ 2,613,049,795 |
| Ending Restricted Reserve | | | $ 2,776,685,758 |
| Beginning Premium Stabilization Reserve | | | $ - |
| PSR Addition/(Drawdown) | | | $ - |
| Ending Premium Stabilization Reserve | | | $ - |
| Total Beginning Plan Reserve | | | 2,613,049,795 |
| Total Ending Plan Reserve | | | $ 2,776,685,758 |
| Accrued Actuarial Liability (AAL) | | | $ 2,302,921,958 |
| Funded Status | | | 113.5% |

**KEY ASSUMPTIONS**

| | | | | |
|---|---|---|---|---|
| Pay Go Monthly Premium for Actives | $ 84.35 | **Claim and Other Expense Trends** | | |
| Additional Retiree Premiums | $ 5,309,815 | Eligibility | Medical | Gross Drugs |
| Pay Go PEPM Subsidy for Retirees | $ 141.75 | Non-Medicare | 7.0% | 14.3% |
| | | Medicare | 7.0% | 14.3% |
| | | Prescription Drug Rebates | | 5.0% |
| | | Capitations | | 7.5% |
| | | Administrative Expense | | 3.0% |
| Number of Net New Retirees | 1,000 | Pay Go Monthly Premium | | 15.4% |

# APPENDIX - BASELINE SCENARIO
## RHBT - MEDICARE

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 2 9

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

| Medicare Retiree | Baseline Projection | Board Decision | Ending Projection |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 33,130,942 | | $ 33,130,942 |
| Employer Premiums - PPB | 5,471,557 | 447,167 | 5,918,724 |
| Employer Premiums - MCO | - | - | - |
| Retiree Premiums - PPB | 49,060,442 | 4,009,498 | 53,069,940 |
| Retiree Premiums - MCO | - | - | - |
| Non Par Premiums | 1,265,688 | | 1,265,688 |
| Life Insurance | 19,796,724 | | 19,796,724 |
| Investment Income | 120,700,684 | | 120,700,684 |
| Transfer from Premium Stabilization Reserve | - | | - |
| General Revenue Transfer (OPEB Funding) | 18,346,912 | | 18,346,912 |
| General Revenue Transfer (Premium Offset) | - | | - |
| Total Revenue | $ 247,772,948 | $ 4,456,665 | $ 252,229,613 |
| Program Expenses | | | |
| Medicare Medical Claims | $ 3,849,902 | $ (50,000) | $ 3,799,902 |
| Gross Medicare Prescription Drug Claims | 10,546,432 | (60,000) | 10,486,432 |
| Medicare Prescription Drug Rebates | (2,899,443) | | (2,899,443) |
| Humana MAPD Program | 92,160,622 | | 92,160,622 |
| Administration | 1,737,397 | | 1,737,397 |
| Life Insurance | 19,806,745 | | 19,806,745 |
| Wellness | - | | - |
| Retiree Assistance Program | 997,593 | | 997,593 |
| ACA Reinsurance Contributions | - | | - |
| ACA PCORI Fees | 23,340 | | 23,340 |
| Director's Discretionary Fund | - | | - |
| Total Expenses | $ 126,222,589 | $ (110,000) | $ 126,112,589 |
| Fiscal Year Results | $ 121,550,359 | | $ 126,117,024 |
| Beginning Restricted Reserve | $ 1,622,792,225 | | $ 1,622,792,225 |
| Ending Restricted Reserve | $ 1,744,342,584 | | $ 1,748,909,249 |
| Beginning Premium Stabilization Reserve | $ (0) | | $ (0) |
| PSR Addition/(Drawdown) | $ - | | $ - |
| Ending Premium Stabilization Reserve | $ (0) | | $ (0) |
| Total Beginning Plan Reserve | 1,622,792,225 | | 1,622,792,225 |
| Total Ending Plan Reserve | $ 1,744,342,584 | | $ 1,748,909,249 |
| Accrued Actuarial Liability (AAL) | $ 2,302,921,958 | | $ 2,302,921,958 |
| Funded Status | 115.0% | | 115.1% |

**KEY ASSUMPTIONS**

| | | | | |
|---|---|---|---|---|
| Pay Go Monthly Premium for Actives | $ 84.35 | **Claim and Other Expense Trends** | | |
| Additional Retiree Premiums | $ 4,456,665 | Eligibility | Medical | Gross Drugs |
| Pay Go PEPM Subsidy for Retirees | $ 67.35 | Medicare | 7.0% | 14.3% |
| | | Prescription Drug Rebates | | 5.0% |
| | | Capitations | | 7.5% |
| | | Administrative Expense | | 3.0% |
| Number of Net New Retirees | 1,200 | Pay Go Monthly Premium | | 15.4% |

# APPENDIX - BASELINE SCENARIO
## RHBT - NON-MEDICARE

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 2 9

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

| Non-Medicare Retiree | Baseline Projection | Board Decision | Ending Projection |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 41,869,058 | | $ 41,869,058 |
| Employer Premiums - PPB | 4,343,576 | 174,653 | 4,518,229 |
| Employer Premiums - MCO | 418,474 | 16,827 | 435,301 |
| Retiree Premiums - PPB | 15,609,778 | 627,660 | 16,237,438 |
| Retiree Premiums - MCO | 845,828 | 34,010 | 879,838 |
| Non Par Premiums | 660,421 | | 660,421 |
| Life Insurance | 10,329,698 | | 10,329,698 |
| Investment Income | 73,653,771 | | 73,653,771 |
| Transfer from Premium Stabilization Reserve | - | | - |
| General Revenue Transfer (OPEB Funding) | 11,653,088 | | 11,653,088 |
| General Revenue Transfer (Premium Offset) | - | | - |
| Total Revenue | $ 159,383,692 | $ 853,150 | $ 160,236,842 |
| Program Expenses | | | |
| Non-Medicare Medical Claims | $ 65,878,252 | $ (790,000) | $ 65,088,252 |
| Gross Non-Medicare Prescription Drug Claims | 53,343,466 | (240,000) | 53,103,466 |
| Non-Medicare Prescription Drug Rebates | (14,555,806) | | (14,555,806) |
| Non-Medicare Managed Care Capitations | 5,065,641 | | 5,065,641 |
| Administration | 2,969,372 | | 2,969,372 |
| Life Insurance | 10,334,927 | | 10,334,927 |
| Wellness | - | | - |
| Retiree Assistance Program | 520,532 | | 520,532 |
| ACA Reinsurance Contributions | - | | - |
| ACA PCORI Fees | 22,335 | | 22,335 |
| Director's Discretionary Fund | 169,183 | | 169,183 |
| Total Expenses | $ 123,747,901 | $ (1,030,000) | $ 122,717,901 |
| Fiscal Year Results | $ 35,635,791 | | $ 37,518,940 |
| Beginning Restricted Reserve | $ 990,257,575 | | $ 990,257,575 |
| Ending Restricted Reserve | $ 1,025,893,365 | | $ 1,027,776,515 |
| Beginning Premium Stabilization Reserve | $ 0 | | $ 0 |
| PSR Addition/(Drawdown) | $ - | | $ - |
| Ending Premium Stabilization Reserve | $ 0 | | $ 0 |
| Total Beginning Plan Reserve | 990,257,575 | | 990,257,575 |
| Total Ending Plan Reserve | $ 1,025,893,365 | | $ 1,027,776,515 |
| Accrued Actuarial Liability (AAL) | $ - | | $ - |
| Funded Status | N/A | | N/A |

**KEY ASSUMPTIONS**

| | | |
|---|---|---|
| Pay Go Monthly Premium for Actives | $ | 84.35 |
| Additional Retiree Premiums | $ | 853,150 |
| Pay Go PEPM Subsidy for Retirees | $ | 1,125.41 |
| Number of Net New Retirees | | (200) |

| Claim and Other Expense Trends | | |
|---|---|---|
| Eligibility | Medical | Gross Drugs |
| Non-Medicare | 7.0% | 14.3% |
| Prescription Drug Rebates | | 5.0% |
| Capitations | | 7.5% |
| Administrative Expense | | 3.0% |
| Pay Go Monthly Premium | | 15.4% |

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

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 3 0

**PERIOD 7/1/2029 - 6/30/2030**

| | 7/1/2029 to 12/31/2029 | 1/1/2030 to 6/30/2030 | TRUST Total |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 42,500,000 | $ 42,500,000 | $ 85,000,000 |
| Retiree Premiums - PPB | 41,070,215 | 42,400,426 | 83,470,641 |
| Retiree Premiums - MCO | 690,085 | 690,085 | 1,380,170 |
| Non Par Premiums | 934,163 | 934,163 | 1,868,325 |
| Life Insurance | 15,816,372 | 15,816,372 | 31,632,743 |
| Investment Income | 103,286,141 | 103,286,141 | 206,572,281 |
| Transfer from Premium Stabilization Reserve | - | - | - |
| General Revenue Transfer (OPEB Funding) | 15,000,000 | 15,000,000 | 30,000,000 |
| General Revenue Transfer (Premium Offset) | - | - | - |
| Total Revenue | $ 219,296,974 | $ 220,627,185 | $ 439,924,160 |
| Program Expenses | | | |
| Non-Medicare Medical Claims | $ 35,287,468 | $ 34,239,568 | $ 69,527,036 |
| Gross Non-Medicare Prescription Drug Claims | 30,540,544 | 30,654,584 | 61,195,128 |
| Non-Medicare Prescription Drug Rebates | (7,754,711) | (7,681,721) | (15,436,432) |
| Medicare Medical Claims | 2,862,503 | 1,029,792 | 3,892,294 |
| Gross Medicare Prescription Drug Claims | 8,439,486 | 3,146,872 | 11,586,358 |
| Medicare Prescription Drug Rebates | (2,159,197) | (793,885) | (2,953,082) |
| Non-Medicare Managed Care Capitations | 2,760,775 | 2,760,775 | 5,521,549 |
| Humana MAPD Program | 47,500,912 | 52,036,827 | 99,537,739 |
| Administration | 2,423,987 | 2,423,987 | 4,847,973 |
| Life Insurance | 15,824,378 | 15,824,378 | 31,648,755 |
| Wellness | - | - | - |
| Retiree Assistance Program | 819,788 | 819,788 | 1,639,576 |
| ACA Reinsurance Contributions | - | - | - |
| ACA PCORI Fees | 25,739 | 25,739 | 51,478 |
| Director's Discretionary Fund | 85,938 | 85,938 | 171,875 |
| Total Expenses | $ 136,657,607 | $ 134,572,640 | $ 271,230,247 |
| Fiscal Year Results | $ 82,639,367 | $ 86,054,545 | $ 168,693,913 |
| Beginning Restricted Reserve | | | $ 2,776,685,758 |
| Ending Restricted Reserve | | | $ 2,945,379,671 |
| Beginning Premium Stabilization Reserve | | | $ - |
| PSR Addition/(Drawdown) | | | $ - |
| Ending Premium Stabilization Reserve | | | $ - |
| Total Beginning Plan Reserve | | | 2,776,685,758 |
| Total Ending Plan Reserve | | | $ 2,945,379,671 |
| Accrued Actuarial Liability (AAL) | | | $ 2,310,860,543 |
| Funded Status | | | 120.2% |

**KEY ASSUMPTIONS**

| | | |
|---|---|---|
| Pay Go Monthly Premium for Actives | $ | 95.59 |
| Additional Retiree Premiums | $ | 5,007,610 |
| Pay Go PEPM Subsidy for Retirees | $ | 157.09 |
| Number of Net New Retirees | | 1,000 |

| Claim and Other Expense Trends | | |
|---|---|---|
| Eligibility | Medical | Gross Drugs |
| Non-Medicare | 7.5% | 15.0% |
| Medicare | 7.5% | 15.0% |
| Prescription Drug Rebates | | 5.0% |
| Capitations | | 8.0% |
| Administrative Expense | | 3.0% |
| Pay Go Monthly Premium | | 13.3% |

# APPENDIX - BASELINE SCENARIO
## RHBT - MEDICARE

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 3 0

**PERIOD 7/1/2029 - 6/30/2030**

| Medicare Retiree | Baseline Projection | Board Decision | Ending Projection |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 34,007,862 | | $ 34,007,862 |
| Employer Premiums - PPB | 5,931,393 | 419,021 | 6,350,415 |
| Employer Premiums - MCO | - | - | - |
| Retiree Premiums - PPB | 53,183,541 | 3,757,133 | 56,940,674 |
| Retiree Premiums - MCO | - | - | - |
| Non Par Premiums | 1,227,717 | | 1,227,717 |
| Life Insurance | 20,786,560 | | 20,786,560 |
| Investment Income | 130,110,572 | | 130,110,572 |
| Transfer from Premium Stabilization Reserve | - | | - |
| General Revenue Transfer (OPEB Funding) | 18,345,350 | | 18,345,350 |
| General Revenue Transfer (Premium Offset) | - | | - |
| Total Revenue | $ 263,592,995 | $ 4,176,154 | $ 267,769,150 |
| Program Expenses | | | |
| Medicare Medical Claims | $ 3,952,294 | $ (60,000) | $ 3,892,294 |
| Gross Medicare Prescription Drug Claims | 11,656,358 | (70,000) | 11,586,358 |
| Medicare Prescription Drug Rebates | (2,953,082) | | (2,953,082) |
| Humana MAPD Program | 99,537,739 | | 99,537,739 |
| Administration | 1,789,519 | | 1,789,519 |
| Life Insurance | 20,797,082 | | 20,797,082 |
| Wellness | - | | - |
| Retiree Assistance Program | 1,077,401 | | 1,077,401 |
| ACA Reinsurance Contributions | - | | - |
| ACA PCORI Fees | 30,495 | | 30,495 |
| Director's Discretionary Fund | - | | - |
| Total Expenses | $ 135,887,806 | $ (130,000) | $ 135,757,806 |
| Fiscal Year Results | $ 127,705,189 | | $ 132,011,343 |
| Beginning Restricted Reserve | $ 1,748,909,249 | | $ 1,748,909,249 |
| Ending Restricted Reserve | $ 1,876,614,438 | | $ 1,880,920,593 |
| Beginning Premium Stabilization Reserve | $ (0) | | $ (0) |
| PSR Addition/(Drawdown) | $ - | | $ - |
| Ending Premium Stabilization Reserve | $ (0) | | $ (0) |
| Total Beginning Plan Reserve | 1,748,909,249 | | 1,748,909,249 |
| Total Ending Plan Reserve | $ 1,876,614,438 | | $ 1,880,920,593 |
| Accrued Actuarial Liability (AAL) | $ 2,310,860,543 | | $ 2,310,860,543 |
| Funded Status | 121.7% | | 121.7% |

**KEY ASSUMPTIONS**

| | | | |
|---|---|---|---|
| Pay Go Monthly Premium for Actives | $ 95.59 | **Claim and Other Expense Trends** | |
| Additional Retiree Premiums | $ 4,176,154 | Eligibility / Medical / Gross Drugs | |
| Pay Go PEPM Subsidy for Retirees | $ 67.17 | Medicare | 7.5% / 15.0% |
| | | Prescription Drug Rebates | 5.0% |
| | | Capitations | 8.0% |
| | | Administrative Expense | 3.0% |
| Number of Net New Retirees | 1,200 | Pay Go Monthly Premium | 13.3% |

# APPENDIX - BASELINE SCENARIO
## RHBT - NON-MEDICARE

## WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
## FINANCIAL FORECAST
## F I S C A L  Y E A R  2 0 3 0

**PERIOD 7/1/2029 - 6/30/2030**

| Non-Medicare Retiree | Baseline Projection | Board Decision | Ending Projection |
|---|---|---|---|
| Revenues | | | |
| WV PEIA Pay Go Premiums | $ 50,992,138 | | $ 50,992,138 |
| Employer Premiums - PPB | 4,223,407 | 169,410 | 4,392,816 |
| Employer Premiums - MCO | 439,208 | 17,618 | 456,825 |
| Retiree Premiums - PPB | 15,177,917 | 608,819 | 15,786,736 |
| Retiree Premiums - MCO | 887,735 | 35,609 | 923,344 |
| Non Par Premiums | 640,608 | | 640,608 |
| Life Insurance | 10,846,183 | | 10,846,183 |
| Investment Income | 76,461,709 | | 76,461,709 |
| Transfer from Premium Stabilization Reserve | - | | - |
| General Revenue Transfer (OPEB Funding) | 11,654,650 | | 11,654,650 |
| General Revenue Transfer (Premium Offset) | - | | - |
| Total Revenue | $ 171,323,554 | $ 831,456 | $ 172,155,010 |
| Program Expenses | | | |
| Non-Medicare Medical Claims | $ 70,517,036 | $ (990,000) | $ 69,527,036 |
| Gross Non-Medicare Prescription Drug Claims | 61,495,128 | (300,000) | 61,195,128 |
| Non-Medicare Prescription Drug Rebates | (15,436,432) | | (15,436,432) |
| Non-Medicare Managed Care Capitations | 5,521,549 | | 5,521,549 |
| Administration | 3,058,454 | | 3,058,454 |
| Life Insurance | 10,851,673 | | 10,851,673 |
| Wellness | - | | - |
| Retiree Assistance Program | 562,175 | | 562,175 |
| ACA Reinsurance Contributions | - | | - |
| ACA PCORI Fees | 20,983 | | 20,983 |
| Director's Discretionary Fund | 171,875 | | 171,875 |
| Total Expenses | $ 136,762,441 | $ (1,290,000) | $ 135,472,441 |
| Fiscal Year Results | $ 34,561,113 | | $ 36,682,569 |
| Beginning Restricted Reserve | $ 1,027,776,515 | | $ 1,027,776,515 |
| Ending Restricted Reserve | $ 1,062,337,628 | | $ 1,064,459,084 |
| Beginning Premium Stabilization Reserve | $ 0 | | $ 0 |
| PSR Addition/(Drawdown) | $ - | | $ - |
| Ending Premium Stabilization Reserve | $ 0 | | $ 0 |
| Total Beginning Plan Reserve | 1,027,776,515 | | 1,027,776,515 |
| Total Ending Plan Reserve | $ 1,062,337,628 | | $ 1,064,459,084 |
| Accrued Actuarial Liability (AAL) | $ - | | $ - |
| Funded Status | N/A | | N/A |

**KEY ASSUMPTIONS**

| | | |
|---|---|---|
| Pay Go Monthly Premium for Actives | $ | 95.59 |
| Additional Retiree Premiums | $ | 831,456 |
| Pay Go PEPM Subsidy for Retirees | $ | 1,464.71 |
| Number of Net New Retirees | | (200) |

| Claim and Other Expense Trends | | |
|---|---|---|
| Eligibility | Medical | Gross Drugs |
| Non-Medicare | 7.5% | 15.0% |
| Prescription Drug Rebates | | 5.0% |
| Capitations | | 8.0% |
| Administrative Expense | | 3.0% |
| Pay Go Monthly Premium | | 13.3% |

# Attachment - Trust Fund
# Historical Monthly Medical and Drug Trends
# FY 2025 to FY 2026

| Fiscal Year 2025 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Exposure** | | | | | | | | | | | | |
| | **Jul-24** | **Aug-24** | **Sep-24** | **Oct-24** | **Nov-24** | **Dec-24** | **Jan-25** | **Feb-25** | **Mar-25** | **Apr-25** | **May-25** | **Jun-25** |
| **NonMed_NonDrug** | 10,056 | 10,133 | 10,049 | 9,951 | 9,810 | 9,622 | 9,678 | 9,589 | 9,381 | 9,268 | 9,099 | 8,944 |
| **Med_NonDrug** | 1,210 | 1,370 | 1,509 | 1,657 | 1,829 | 2,002 | 311 | 475 | 579 | 674 | 773 | 871 |
| **NonMed_Drug** | 9,334 | 9,405 | 9,328 | 9,236 | 9,107 | 8,933 | 8,986 | 8,907 | 8,716 | 8,611 | 8,455 | 8,311 |
| **Med_Drug** | 1,260 | 1,427 | 1,572 | 1,726 | 1,906 | 2,085 | 323 | 494 | 603 | 702 | 805 | 907 |
| | | | | | | | | | | | | |
| | **Jul-24** | **Aug-24** | **Sep-24** | **Oct-24** | **Nov-24** | **Dec-24** | **Jan-25** | **Feb-25** | **Mar-25** | **Apr-25** | **May-25** | **Jun-25** |
| **NonMed_NonDrug** | $384.93 | $424.30 | $427.49 | $514.86 | $417.68 | $502.54 | $499.15 | $484.55 | $530.39 | $484.84 | $511.31 | $578.01 |
| **Med_NonDrug** | 217.57 | 316.97 | 305.56 | 311.04 | 314.93 | 255.76 | 882.30 | 765.00 | 704.94 | 802.88 | 536.92 | 332.61 |
| **NonMed_Drug** | 368.46 | 364.53 | 349.73 | 402.85 | 366.41 | 349.42 | 357.88 | 328.83 | 363.97 | 367.16 | 374.68 | 400.58 |
| **Med_Drug** | 594.36 | 546.54 | 549.49 | 665.79 | 597.60 | 702.90 | 374.40 | 274.42 | 429.89 | 463.19 | 360.60 | 423.58 |
| **Total** | $1,565.32 | $1,652.34 | $1,632.27 | $1,894.53 | $1,696.62 | $1,810.61 | $2,113.73 | $1,852.80 | $2,029.19 | $2,118.07 | $1,783.51 | $1,734.78 |
| | | | | | | | | | | | | |
| **Change From Prior Year - Month to Month Analysis** | | | | | | | | | | | | |
| **NonMed_NonDrug** | 2.6% | 10.8% | -20.4% | 11.6% | -11.3% | 17.6% | 7.2% | 13.7% | 9.6% | 9.5% | -4.2% | 33.4% |
| **Med_NonDrug** | -23.9% | 12.7% | 55.1% | 20.1% | 52.0% | 33.8% | 73.4% | 191.6% | 229.7% | 310.5% | 104.9% | 99.8% |
| **NonMed_Drug** | 48.3% | 22.7% | 26.0% | 29.3% | 18.5% | 16.6% | 13.2% | 13.8% | 21.1% | 5.1% | 5.4% | 14.5% |
| **Med_Drug** | 26.1% | 7.1% | 15.8% | 30.8% | 19.7% | 46.2% | -40.9% | 0.7% | 42.3% | 11.5% | -17.2% | 29.4% |
| **Total** | 13.4% | 12.3% | 9.8% | 22.9% | 14.1% | 29.4% | 9.8% | 48.2% | 56.0% | 51.0% | 12.4% | 35.9% |
| **Change From Prior Year - Quarter to Quarter Analysis** | | | | | | | | | | | | |
| **NonMed_NonDrug** | | | -4.5% | | | 5.5% | | | 10.1% | | | 11.7% |
| **Med_NonDrug** | | | 9.9% | | | 34.1% | | | 138.8% | | | 168.0% |
| **NonMed_Drug** | | | 31.6% | | | 21.5% | | | 16.0% | | | 8.3% |
| **Med_Drug** | | | 16.1% | | | 32.1% | | | -10.7% | | | 5.9% |
| **Total** | | | 11.8% | | | 22.0% | | | 34.0% | | | 32.1% |
| **Change From Prior Year - Year to Year Analysis** | | | | | | | | | | | | |
| **NonMed_NonDrug** | | | 5.4% | | | -1.7% | | | -3.6% | | | 5.9% |
| **Med_NonDrug** | | | -4.6% | | | 5.8% | | | 61.6% | | | 89.6% |
| **NonMed_Drug** | | | 24.5% | | | 23.2% | | | 22.4% | | | 18.6% |
| **Med_Drug** | | | 11.4% | | | 11.9% | | | 12.1% | | | 12.2% |
| **Total** | | | 8.9% | | | 8.7% | | | 17.2% | | | 25.0% |

# Attachment - Trust Fund
# Historical Monthly Medical and Drug Trends
# FY 2025 to FY 2026

| Fiscal Year 2026 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Exposure** | | | | | | | | | | | |
| | **Jul-25** | **Aug-25** | **Sep-25** | **Oct-25** | **Nov-25** | **Dec-25** | **Jan-26** | **Feb-26** | **Mar-26** | **Apr-26** | **May-26** |
| **NonMed_NonDrug** | 9,276 | 9,277 | 9,219 | 9,109 | 9,008 | 8,926 | 8,812 | 8,758 | 8,614 | 8,488 | 8,366 |
| **Med_NonDrug** | 1,214 | 1,329 | 1,490 | 1,634 | 1,776 | 1,882 | 247 | 342 | 513 | 594 | 689 |
| **NonMed_Drug** | 8,618 | 8,618 | 8,564 | 8,462 | 8,368 | 8,291 | 8,187 | 8,137 | 8,003 | 7,888 | 7,774 |
| **Med_Drug** | 1,264 | 1,384 | 1,552 | 1,702 | 1,850 | 1,961 | 257 | 356 | 534 | 619 | 718 |
| | **Jul-25** | **Aug-25** | **Sep-25** | **Oct-25** | **Nov-25** | **Dec-25** | **Jan-26** | **Feb-26** | **Mar-26** | **Apr-26** | **May-26** |
| **NonMed_NonDrug** | $446.66 | $438.39 | $450.85 | $462.80 | $409.12 | $403.98 | $519.72 | $566.25 | $459.34 | $569.65 | $529.03 |
| **Med_NonDrug** | 454.29 | 379.78 | 380.69 | 332.95 | 241.41 | 288.42 | 671.42 | 534.93 | 471.36 | 403.36 | 464.04 |
| **NonMed_Drug** | 328.20 | 346.50 | 358.59 | 371.53 | 332.44 | 386.01 | 306.67 | 294.17 | 357.75 | 363.70 | 343.58 |
| **Med_Drug** | 515.10 | 559.23 | 595.65 | 687.33 | 590.03 | 733.86 | 512.20 | 456.55 | 413.61 | 404.84 | 546.18 |
| **Total** | $1,744.25 | $1,723.90 | $1,785.78 | $1,854.61 | $1,573.01 | $1,812.26 | $2,010.01 | $1,851.90 | $1,702.06 | $1,741.55 | $1,882.83 |
| **Change From Prior Year - Month to Month Analysis** | | | | | | | | | | | |
| **NonMed_NonDrug** | 16.0% | 3.3% | 5.5% | -10.1% | -2.0% | -19.6% | 4.1% | 16.9% | -13.4% | 17.5% | 3.5% |
| **Med_NonDrug** | 108.8% | 19.8% | 24.6% | 7.0% | -23.3% | 12.8% | -23.9% | -30.1% | -33.1% | -49.8% | -13.6% |
| **NonMed_Drug** | -10.9% | -4.9% | 2.5% | -7.8% | -9.3% | 10.5% | -14.3% | -10.5% | -1.7% | -0.9% | -8.3% |
| **Med_Drug** | -13.3% | 2.3% | 8.4% | 3.2% | -1.3% | 4.4% | 36.8% | 66.4% | -3.8% | -12.6% | 51.5% |
| **Total** | 11.4% | 4.3% | 9.4% | -2.1% | -7.3% | 0.1% | -4.9% | 0.0% | -16.1% | -17.8% | 5.6% |
| **Change From Prior Year - Quarter to Quarter Analysis** | | | | | | | | | | | |
| **NonMed_NonDrug** | | | 8.0% | | | -11.1% | | | 2.1% | | |
| **Med_NonDrug** | | | 44.6% | | | -2.1% | | | -28.7% | | |
| **NonMed_Drug** | | | -4.6% | | | -2.6% | | | -8.8% | | |
| **Med_Drug** | | | -1.2% | | | 2.3% | | | 28.2% | | |
| **Total** | | | 8.3% | | | -3.0% | | | -7.2% | | |
| **Change From Prior Year - Year to Year Analysis** | | | | | | | | | | | |
| **NonMed_NonDrug** | | | 8.9% | | | 4.5% | | | 2.4% | | |
| **Med_NonDrug** | | | 97.0% | | | 83.2% | | | 15.5% | | |
| **NonMed_Drug** | | | 9.6% | | | 3.7% | | | -1.9% | | |
| **Med_Drug** | | | 7.1% | | | -0.6% | | | 6.7% | | |
| **Total** | | | 23.7% | | | 16.5% | | | 5.8% | | |