PEIA

PUBLIC EMPLOYEES INSURANCE AGENCY

WV PEIA & RHBT Finance Board Meeting

Thursday, October 29, 2026, 1:00pm

West Virginia Conference Room
601 57th Street, SE, Charleston, WV 25304

AGENDA

- Roll Call
- Call to Order
- Approval of Minutes
- Director's Notes
- Public Hearing Presentation
- Public Comment
- Next Meeting - December 3, 2026

Roll Call

- Eric Householder, Chairman
- William “Bill” Milam
- Doug Coffman
- Hugh Murray
- James Cava Jr.
- Jason Myers
- Jared Robertson
- John Frankovitch
- Mike Smith
- Michael Cook

Approval of Minutes

September 24, 2026



FY2028 Financial Plan Considerations

Presented by: Brent Wolfingbarger, Director (PEIA)

PEIA Cost Components

FY26 PLAN EXPENSES

97.6% of PEIA/RHBT Expenses are Claim Payments and Capitations.



PEIA/RHBT Payroll and Fringe Benefits are .3% of Expenses.

PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

Stronger Than Expected FY2026 Results

- PEIA finished FY2026 substantially ahead of Plan, primarily due to lower than forecasted medical and prescription drug claims.
- The State Fund started FY2027 with a reserve of ≈$308.4M, well above both its 10% minimum statutory reserve and its FY2027 minimum actuarial reserve requirement of ≈$108.1M
- The Non-State Fund started FY2027 with a reserve of ≈$30.6M, more than $4M above its minimum actuarial reserve level.

Stronger Than Expected FY2026 Results

- RHBT finished FY2026 substantially ahead of Plan (≈$187M), primarily due to investment income that exceeded projections.
- RHBT started FY2027 with a reserve of ≈$2.414B, including a healthy Premium Stabilization Reserve (PSR).

Concerning Non-State Fund Results in FY2027 to date

- Based on the Non-State Fund's medical and prescription drug claims in FY2027 to date and its historical trends, our actuaries currently project that its FY2027 expenses will exceed its premium revenues by ≈$10M, primarily due to its Gold HDHP's poor financial performance.
- If those trends continue during the rest of FY2027, our actuaries project that the Non-State Fund will finish FY2027 with a reserve of ≈$20.7M, which would be below both its 10% minimum statutory reserve and its FY2027 minimum actuarial reserve requirement of ≈$26.3M

Investment Environment & Healthcare Cost Trends

- Financial markets have been up-and-down recently, and it would not be prudent to expect PEIA and RHBT to continue reaping the same favorable returns we experienced in FY2026.
- Healthcare economists continue to predict that medical and prescription expenses will increase steadily and substantially during FY2027 and future out years.
- The *National Survey of Employer-Sponsored Health Plans* released by Marsh on September 2, 2026 projects an 11% increase in health plan costs in 2027.
- Aon projects a 9.5% increase and PriceWaterhouseCooper estimates a 9% medical cost trend in 2027.

Investment Environment & Healthcare Cost Trends

Recent developments that are contributing to escalating healthcare costs include but are not limited to

- Continued advances in diagnostics and therapeutics are improving outcomes but often cost more than the older treatments they replace.
- Adoption of AI-enabled billing software in some instances has resulted in providers submitting more claims – and higher-level claims – for reimbursement.
- Expensive new therapies for cancer and other rare diseases are causing very high-cost claims to become more common.
- “Specialty Drugs” are used by only ≈3,100 PEIA members but make up ≈56% of PEIA’s overall projected ≈$297M Gross Rx spend in FY2027.

BDO Report Observations

PEIA Premium Increases



Observations

- By holding premium levels flat from 2018 through 2022 the PEIA failed to keep pace with rising premium levels with other state plans
- This resulted in the need for higher increases in 2023 and 2024 in an effort to right size premium levels rather than having steady increases over that period

RHBT Concerns

- RHBT is showing financial pressures in the future with assumed increases in the Medicare Advantage Prescription Drug (MAPD) capitations. Unless changes are made, the retiree Premium Stabilization Reserve (PSR) will be depleted in FY 2027 and Other Post-Employment Benefits (OPEB) liability funding status will be at 98.5%.
- Under the proposed FY2028 Financial Plan, the PSR is projected to extend into FY 2029 and the OPEB liability funding status is projected to rise from 98.5% at Year End 2027 to 116.6% at Year End 2031.
- RHBT's positive FY2026 investment returns give the Board the flexibility to lower FY2027 PayGo payments from the Active Fund to RHBT, thereby reducing pressure to raise premiums on both the Active Fund and RHBT that would have to be imposed to cover their projected higher healthcare costs.

State Fund and Non-State Fund must stand on their own

- The PEIA Active Fund is divided into two separate funds:
- The **State Fund** represents active state employees, college and university employees and county boards of education employees, and healthcare costs are allocated **by statute** between State employers and State employees at an 80%/20% split
- The Active Local Employee Fund (aka **Non-State Fund**) represents local government agencies, county government agencies, and other public entities, and **Non-State Fund employers** "determine what portion of the premium will be paid by the active employee" per 151 CSR 01.
- The State Fund and the Non-State Fund are allocated administrative costs based on each fund's proportionate total revenue levels.
- Monies contributed by State Fund employers and employees into the State Fund cannot be used to cover Non-State Fund employees' healthcare costs (and vice versa).

Spousal Surcharge – Statutory Requirement

§5-16-13. Payment of costs by employer and employee; spouse and dependent coverage…

(a) Cost-sharing. — The director shall provide plans that shall be paid by the employer and employee.

(b) Spouse and dependent coverage. —

(1) An employee is entitled to have his or her spouse and dependents included in any plan to which the employee is entitled to participate.

(2) The spouse and dependent coverage is limited to excess or secondary coverage for each spouse and dependent who has primary coverage from any other source. **If an employee's spouse has health insurance available through an employer not defined in §5-16-2 of this code, then the employer may not cover any portion of premiums for the employee's spouse coverage, unless the employee adds his or her spouse to his or her coverage by paying the cost of the actuarial value of the plan:** *Provided*, That this does not apply to spouses of retired employees or employers subject to §5-16-22 of this code. **For purposes of this subsection, "actuarial value" means the value as recommended by healthcare actuaries under §5-16-5 of this code.**

Proposed Board Decisions

State Fund

FY2027 PROJECTED COSTS	FY2028 PROJECTED COSTS
$887,684,189	$962,791,096

PROJECTED Δ	$75,106,907
ADDITIONAL EMPLOYER $$$	$15,000,000
ADDITIONAL EMPLOYEE $$$	$3,800,000
BENEFIT MODIFICATIONS	$8,380,000
RESERVE WITHDRAWAL	$47,926,907

AVAILABLE RESERVE
$216,470,189

HISTORICAL PREMIUM INCREASES BY PERCENTAGE

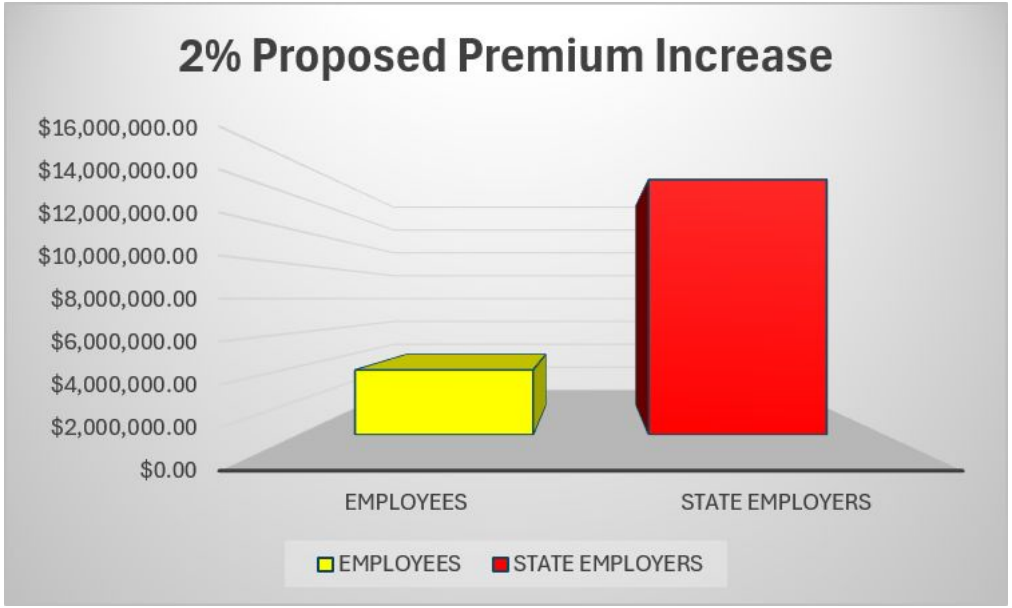
Fiscal Year	State Plan Employer	State Plan Employee
FY2022	0.0%	0.0%
FY2023	0.0%	0.0%
FY2024	22.4%	24.2%
FY2025	10.4%	10.7%
FY2026	14.0%	14.0%
FY2027	3.0%	3.0%
FY2028	2.0%	2.0%

State Fund

- 2% Aggregate Premium Increase for both Employees and Employers
- No changes to the Family Tier Spousal Surcharge
- 1% Benefit Modifications
- Employer Administrative Fee Increase of $2.50

State Fund

- 2% Aggregate Premium Increase for both Employees and Employers



Non-State Fund

Medical loss ratio (MLR)

A basic financial measurement used in the Affordable Care Act to encourage health plans to provide value to enrollees. If an insurer uses 80 cents out of every premium dollar to pay its customers' medical claims and activities that improve the quality of care, the company has a medical loss ratio of 80%. A medical loss ratio of 80% indicates that the insurer is using the remaining 20 cents of each premium dollar to pay overhead expenses, such as marketing, profits, salaries, administrative costs, and agent commissions. The Affordable Care Act sets minimum medical loss ratios for different markets, as do some state laws.

97.6% of PEIA/RHBT Expenses are Claim Payments and Capitations.

Non-State Fund

- PEIA and its actuaries track the Medical Loss Ratio (MLR) for all its Plan options (Gold, Silver, Gold HDHP and WV Bronze HDHP) across both the State Fund and the Non-State Fund to gauge the efficiency of its operations and identify instances where benefit design modifications are warranted.
- Medical Loss Ratios above 1.0 indicate that a Plan option is spending more money on healthcare expenses than it is collecting in premiums, which will pose a risk to PEIA's financial stability if left uncorrected.

Non-State Fund

- The Non-State Fund's Gold HDHP (f/k/a "Plan C") has consistently performed worse than all of PEIA's other Plan options.
- PEIA's actuaries currently project that the Non-State Fund's Gold HDHP will finish FY2027 with a **Medical Loss Ratio of ≈ 119.4%.**
- The enrollment of Non-State members in its Gold HDHP has consistently expanded to the point where there are roughly **5x** as many policyholders enrolled in the Non-State Fund Gold HDHP (≈ 4,969) as State Fund Gold HDHP policyholders (≈ 1,158).
- This is even though the State Fund has almost **4x** as many policyholders as the Non-State Fund (≈ 59,748 vs. ≈ 15,611)
- **≈32%** of Non-State policyholders are enrolled in its Gold HDHP Plan while **less than 2%** of State policyholders are enrolled in its Gold HDHP Plan.

Non-State Fund

- PEIA's FY2027 Financial Plan incorporated a 3% Aggregate Premium Increase for the Non-State Fund **except** for the Gold HDHP which received a 5% increase in premiums, deductibles and maximum out of pocket (MOOP) costs in an attempt to correct its poor financial performance.
- During PEIA's public meetings last November regarding the proposed FY2027 Financial Plan, we stressed that if those moves failed to correct the Non-State Fund's Gold HDHP's poor financial performance, PEIA would be required to consider more stringent actions in the future.
- Unlike the State Fund – where responsibility for its members' healthcare costs is statutorily allocated between State Fund employers and employees at a fixed rate (80%/20%) – **Non-State Fund employers** "determine what portion of the premium will be paid by the active employee" per 151 CSR 01.

Non-State Fund

FY2027 PROJECTED COSTS	FY2028 PROJECTED COSTS
$213,090,196	$228,790,173

PROJECTED Δ	$15,699,977
ADDITIONAL LOCAL FUND $$$	$19,000,000
BENEFIT MODIFICATIONS	$3,710,000

ADDITIONAL REVENUE NEEDED TO ADDRESS FY2027 OPERATING LOSS

PROJECTED FY2027 OPERATING LOSS	AVAILABLE RESERVE
$9,982,065	$0

HISTORICAL PREMIUM INCREASES BY PERCENTAGE

Fiscal Year	Local Fund
FY2022	0.0%
FY2023	5.1%
FY2024	15.9%
FY2025	13.9%
FY2026	15.9%
FY2027	3.0%
FY2028	4% to 24%

Non-State Fund

- The proposed FY2028 Financial Plan incorporates a 4% Aggregate Premium Increase for the Non-State Fund's Gold, Silver, and Bronze HDHP.
- However, it is necessary to enact a 24% Premium Increase for the Non-State Fund's Gold HDHP to properly price the Plan's risk according to its historical performance and reduce its Medical Loss Ratio into alignment with the rest of PEIA's Plans.

Non State Fund

- 4% Aggregate Premium Increase for Gold, Silver and Bronze HDHP Plans
- 24% Aggregate Premium Increase for Gold HDHP
- 2% Benefit Modifications
- Employer Administrative Fee Increase of $2.50

Non State Fund

- 50% Participation Standard
  - All participating employers must have 50% of their employees enrolled in a PEIA health plan by June 30, 2027 in accordance with the terms of the FY2027 Financial Plan.

Breakdown of Premium Increase Impacts

PLAN TIER	POLICYHOLDERS	FY2028 PREMIUM INCREASE
State PPB Gold	45,418	2%
State PPB Silver	12,994	2%
State PPB Gold HDHP	1,158	2%
State PPB Bronze	178	2%
Local PPB Gold	8,864	4%
Local PPB Silver	1,765	4%
Local PPB Gold HDHP	4,959	24%
Local PPB Bronze	23	4%
TOTAL STATE PLAN POLICYHOLDERS	**59,748**	
TOTAL LOCAL PLAN POLICYHOLDERS	**15,611**	
TOTAL POLICYHOLDERS	75,359	
% of Policyholders with 2% hike	79.28%	
% of Policyholders with 4% hike	14.14%	
% of Policyholders with 24% hike	6.58%	

* Enrollment numbers subject to change.

Retiree Fund

- Zero Non-Medicare Premium Increase
- Zero Non-Medicare Benefit Modifications
- Zero Medicare Premium Increase
- Zero Medicare Benefit Modifications
- Decrease Retiree Paygo from $55 million to $20 million due to favorable FY2026 investment gains
- Designating the ≈ $187 Million of surplus FY2026 investment gain as retiree premium stabilization reserve

PEIA Five Year Plan

WV PEIA Financial Plan FY 2027 - FY 2031
State 2% Premium, 1% Benefit

	2027	2028	2029	2030	2031
Additional Employer Premium	$ 22,300,000	$ 15,000,000	$ 13,000,000	$ 57,000,000	$ 74,000,000
Increase	3.1%	2.0%	1.7%	7.3%	8.9%
Local Fund Premium Increase	$ 6,200,000	$ 19,000,000	$ 20,000,000	$ 30,000,000	$ 36,000,000
Increase	3.0%	9.0%	8.7%	12.0%	12.9%
Employee Premium	$ 5,600,000	$ 3,800,000	$ 4,300,000	$ 14,300,000	$ 18,500,000
Increase	3.1%	2.0%	2.3%	7.4%	8.9%
State Direct Transfer (Budget Appropriations)	$ -	$ -	$ -	$ -	$ -
Local Direct Transfer (Budget Appropriations)					
Board Decision Benefit Reduce/(Add) - Active State Medical	$ -	$ 5,510,000	$ 11,750,000	$ 29,750,000	$ 76,750,000
		1%	2%	5%	14%
Board Decision Benefit Reduce/(Add) - Active State Drugs	$ -	$ 2,870,000	$ 4,540,000	$ 8,540,000	$ 14,540,000
		1%	1%	2%	3%
Board Decision Benefit Reduce/(Add) - Active Local Medical	$ -	$ 2,620,000	$ 2,620,000	$ 2,620,000	$ 2,620,000
		2%	2%	2%	2%
Board Decision Benefit Reduce/(Add) - Active Local Drugs	$ -	$ 1,090,000	$ 1,090,000	$ 1,090,000	$ 1,090,000
		2%	1%	1%	1%
ACA PCORI Fees (Cost)	$ (607,329)	$ (637,696)	$ (669,580)	$ (703,059)	$ (738,212)
Pay Go Premium Transfer	$ 55,000,000	$ 20,000,000	$ 30,000,000	$ 40,000,000	$ 50,000,000
Total Fund	**2027**	**2028**	**2029**	**2030**	**2031**
Beginning Reserve	339,047,188	358,614,404	361,966,844	292,686,124	213,293,526
Fiscal Year Results	19,567,217	3,352,439	(69,280,720)	(79,392,598)	(32,523,682)
Ending Reserve	358,614,404	361,966,844	292,686,124	213,293,526	180,769,844
Minimum Actuarial Reserve Required	134,403,882	145,496,655	157,793,706	169,874,695	178,125,218
PEIA Expenses	1,100,774,384	1,191,581,270	1,292,415,107	1,391,996,309	1,461,515,147
Reserve as a Percent of Expenses	**32.6%**	**30.4%**	**22.6%**	**15.3%**	**12.4%**
State Fund	**2027**	**2028**	**2029**	**2030**	**2031**
Beginning Reserve	308,398,745	337,948,027	340,989,865	272,180,339	187,844,897
Fiscal Year Results	29,549,281	3,041,838	(68,809,526)	(84,335,441)	(44,593,701)
Ending Reserve	337,948,027	340,989,865	272,180,339	187,844,897	143,251,196
Minimum Actuarial Reserve Required	108,133,062	117,288,525	127,251,130	136,524,523	141,399,346
PEIA Expenses	887,684,189	962,791,096	1,044,713,152	1,121,555,439	1,163,739,435
Reserve as a Percent of Expenses	**38.1%**	**35.4%**	**26.1%**	**16.7%**	**12.3%**
Local Fund	**2027**	**2028**	**2029**	**2030**	**2031**
Beginning Reserve	30,648,442	20,666,378	20,976,979	20,505,785	25,448,628
Fiscal Year Results	(9,982,065)	310,601	(471,194)	4,942,843	12,070,020
Ending Reserve	20,666,378	20,976,979	20,505,785	25,448,628	37,518,648
Minimum Actuarial Reserve Required	26,270,819	28,208,130	30,542,576	33,350,171	36,725,872
PEIA Expenses	213,090,196	228,790,173	247,701,955	270,440,870	297,775,712
Reserve as a Percent of Expenses	**9.7%**	**9.2%**	**8.3%**	**9.4%**	**12.6%**
State Share	80.1%	80.1%	80.0%	80.0%	80.0%
Employee Share	19.9%	19.9%	20.0%	20.0%	20.0%
Growth In Program Expenses	12.7%	4.8%	9.1%	8.3%	5.6%

RHBT Five Year Plan

WV RHBT Financial Plan FY 2027 - FY 2031
State 2% Premium, 1% Benefit

	2027	2028	2029	2030	2031
Retiree Premium Increase- Non-Medicare (Fiscal Year)	$ 634,110	$ -	$ 1,043,850	$ 1,029,661	$ 1,011,865
Increase	3.0%	0.0%	5.0%	5.0%	5.0%
Retiree Premium Increase - Medicare (Calendar Year)	$ 1,447,416	$ -	$ 4,499,772	$ 4,805,770	$ 5,133,075
Increase	3.0%	0.0%	5.0%	5.0%	5.0%
General Revenue Transfer (OPEB Funding)	$ 30,000,000	$ 30,000,000	$ 30,000,000	$ 30,000,000	$ 30,000,000
Board Decision Benefit Reduce/(Add) - Retiree Non-Medicare Medical	$ -	$ -	$ 790,000	$ 990,000	$ 990,000
		0%	1%	1%	1%
Board Decision Benefit Reduce/(Add) - Retiree Non-Medicare Drugs	$ -	$ -	$ 240,000	$ 300,000	$ 300,000
		0%	1%	1%	1%
Board Decision Benefit Reduce/(Add) - Retiree Medicare Medical	$ -	$ -	$ 50,000	$ 60,000	$ 60,000
		0%	1%	2%	2%
Board Decision Benefit Reduce/(Add) - Retiree Medicare Drugs	$ -	$ -	$ 60,000	$ 70,000	$ 70,000
		0%	1%	1%	1%
Board Decision Benefit Reduce/(Add) - Humana MAPD	$ -	$ -	$ 2,860,000	$ 3,580,000	$ 3,580,000
(Calendar Year)		0%	2%	3%	3%
Reinsurance Contributions (Cost)	$ -	$ -	$ -	$ -	$ -
ACA PCORI Fees (Cost)	$ (34,585)	$ (40,372)	$ (46,162)	$ (51,957)	$ (57,755)
Pay Go Premium Transfer	$ 55,000,000	$ 20,000,000	$ 30,000,000	$ 40,000,000	$ 50,000,000

Total RHBT Fund	2027	2028	2029	2030	2031
Beginning Reserve	$ 2,413,853,116	$ 2,553,231,951	$ 2,647,832,516	$ 2,743,377,663	$ 2,838,353,991
Fiscal Year Results	209,319,990	219,710,459	136,661,405	94,976,328	90,658,204
Ending Total Reserve	2,553,231,951	2,647,832,516	2,743,377,663	2,838,353,991	2,929,012,195
Ending Premium Stabilization Reserve	$ 166,226,151	$ 41,116,257	$ -	$ -	$ -
Medicare Fund (Fiscal Year)	**2027**	**2028**	**2029**	**2030**	**2031**
Beginning Reserve	$ 1,462,942,543	$ 1,557,030,789	$ 1,632,629,569	$ 1,713,918,643	$ 1,800,553,260
Fiscal Year Results	154,023,067	182,004,885	116,191,289	86,634,617	90,850,189
Ending Total Reserve	1,557,030,789	1,632,629,569	1,713,918,643	1,800,553,260	1,891,403,448
Ending Premium Stabilization Reserve	$ 141,308,321	$ 34,902,215	$ -	$ -	$ -
Non-Medicare Fund	**2027**	**2028**	**2029**	**2030**	**2031**
Beginning Reserve	$ 950,910,571	$ 996,201,161	$ 1,015,202,947	$ 1,029,459,022	$ 1,037,800,732
Fiscal Year Results	55,296,925	37,705,574	20,470,117	8,341,710	(191,984)
Ending Total Reserve	996,201,161	1,015,202,947	1,029,459,022	1,037,800,732	1,037,608,748
Ending Premium Stabilization Reserve	$ 24,917,831	$ 6,214,042	$ -	$ -	$ -
*Actuarial Accrued Liability (BOY)	$ 2,354,245,485	$ 2,361,305,189	$ 2,363,769,531	$ 2,357,443,787	$ 2,341,810,557
Funded Status	**102.5%**	**108.1%**	**112.0%**	**116.4%**	**121.2%**
*Present Value of Benefits (BOY)	$ 2,450,847,639	$ 2,455,803,747	$ 2,456,912,179	$ 2,450,162,636	$ 2,435,117,538
Funded Status	**98.5%**	**104.0%**	**107.8%**	**112.0%**	**116.6%**
Growth In Program Expenses	13.9%	9.9%	8.2%	8.7%	9.4%
Retiree Subsidy	$ 152,241,715	$ 173,775,482	$ 191,349,464	$ 210,587,743	$ 233,618,839
Percent Paid By Retiree	32.0%	29.5%	28.3%	27.5%	26.6%

PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

2026 PUBLIC HEARINGS

NOV 9 — **Morgantown**
Hampton Inn & Suites University Town Centre
325 Granville Square
Morgantown, WV 26501

NOV 10 — **Beckley**
Beckley-Raleigh Convention Center
200 Armory Drive
Beckley, WV 25801

NOV 12 — **Virtual**
LINK: **meet.google.com/ekx-vfac-pfy**
PHONE: **1 941-800-3158** PIN: **432 061 428#**

NOV 16 — **Shepherdstown**
Shepherd University - Student Center Storer Ballroom
210 North King Street
Shepherdstown, WV 25443

NOV 17 — **Charleston**
WV Capitol Complex - Building 3
1900 Kanawha Blvd. E.
Charleston, WV 25305

NOV 19 — **Wheeling**
River City Restaurant
1400 Main Street - First Floor
Wheeling, WV 26003

The PEIA/RHBT Finance Board wants your input!

Proposals for Plan Year 2028 (benefits from 7/1/27 – 6/30/28 and 1/1/28 -12/31/28 for Medicare members) are being finalized now. You'll find the proposed changes at **peia.wv.gov** no later than November 1, 2026.

5:30pm: **Hearing registration.** Everyone attending the meeting must sign in and indicate if they wish to speak.

6pm: **Public Hearing.** The proposals will be presented and audience comments will be recognized by the board.

***** Parking for the Charleston event is located in the parking lot on Piedmont Street. *****
***** Parking for the Wheeling event is permitted in the bank parking lot across the street as well as on-street availability. *****

Public Comment



Next Meeting

December 3, 2026



Adjourn

Due to building construction, the regularly utilized conference room is unavailable. Please attend each meeting virtually unless planning to speak during the Public Comment portion of each meeting.

2026 PEIA/RHBT Finance Board Meeting Schedule

March 26, 2026

June 25, 2026

September 24, 2026

October 29, 2026

December 3, 2026

If you would like to request a copy of today's meeting materials or if you have any questions, please contact:

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