



**West Virginia Retiree Health Benefit Trust Fund
and
PEIA Finance Board Meeting**

Thursday, December 7, 1:00 p.m.

Canaan Valley Room 1041, DEP Building, 601 57th Street, SE
Charleston, WV 25304

Agenda

- Roll Call
- Call to Order
- Approval of Minutes
- Discuss FY 2019 Finance Plan
- Public Comments
- Vote on FY 2019 Finance Plan
- Old Business
- New Business
- Next Meeting – March 22, 2018

Roll Call

John Myers, Chairman

Members:

- Lee Diznoff
- Jason Myers
- Amanda Meadows
- Jared Robertson
- Ray Whiting
- William "Bill" Milam
- Michael T. Smith
- Geoff Christian

Approval of Minutes

October 19, 2017

John Myers
Chairman



Discussion of PEIA Public Hearings November 2017

Benefits for Plan Year 2019

Calendar 2019 for Medicare Retirees

July 1, 2018 – June 30, 2019 for all others



PEIA

Public Hearings

November 2017

Benefits for Plan Year 2019

Calendar 2019 for Medicare Retirees

July 1, 2018 – June 30, 2019 for all others

Non-State Proposal

- 2% Rate Increase
 - *Recommendation: 0% rate increase*
- Remove pharmacy deductible (plan A, B , D)
 - *Recommendation: Keep the pharmacy deductible as is*
- Change pharmacy 2nd tier, Preferred Brand, from \$25/\$30 to 30% coinsurance (\$25 minimum, \$100 maximum per 30-day script)
 - 90-day supply of Preferred Brand would be 30% coinsurance (\$50 minimum and \$200 maximum)
 - *Recommendation: Change 2nd Tier, Preferred Brand from \$25/\$30 to 20% Coinsurance (\$25 minimum, \$50 maximum per 30-day script or \$50 minimum, \$100 maximum for a 90-day script)*

Active State Employee Proposal

- .5% Rate Increase
 - *Recommendation: Yes, required for 80/20 rule*
- Remove pharmacy deductible (plan A, B , D)
 - *Recommendation: Keep the pharmacy deductible as is*
- Change pharmacy 2nd tier, Preferred Brand, from \$25/\$30 to 30% coinsurance (\$25 minimum, \$100 maximum per 30-day script)
 - 90-day supply of Preferred Brand would be 30% coinsurance (\$50 minimum and \$200 maximum)
 - *Recommendation: Change 2nd Tier, Preferred Brand from \$25/\$30 to 20% Coinsurance (\$25 minimum, \$50 maximum per 30-day script or \$50 minimum, \$100 maximum for a 90-day script)*
- Move from 10 to 3 salary tiers, deductibles, and out-of-pockets
 - *Recommendation: Revise the salary tiers based on public comments to 5 salary index codes*
- Use total family income if spouses are covered
 - *Recommendation: Yes, and move to 4 tiers of coverage*
- Pay by Person
 - *Recommendation: No*

Current Structure

2018		Plan A FY 2018	Plan B FY 2018	Plan C FY 2018	Plan D FY 2018
Salary Range Single Coverage		Single Coverage Monthly Premium	Single Coverage Monthly Premium	Single Coverage Monthly Premium	Single Coverage Monthly Premium
		Standard	Standard	Standard	Standard
\$ -	\$ 20,000	\$64	44	85	\$53
20,001	30,000	\$81	50	85	\$68
30,001	36,000	\$88	53	85	\$75
36,001	42,000	\$94	55	85	\$79
42,001	50,000	\$109	61	85	\$93
50,001	62,500	\$132	71	85	\$112
62,501	75,000	\$146	78	85	\$124
75,001	100,000	\$176	90	85	\$149
100,001	125,000	\$219	127	85	\$186
125,001 +		\$249	150	85	\$212
Employer Premium		\$465	\$ 329	\$ 384	\$ 399

Salary Range Employee/Child		Employee & Children Coverage Monthly Premium	Employee & Children Coverage Monthly Premium	Employee & Children Coverage Monthly Premium	Employee & Children Coverage Monthly Premium
		Standard	Standard	Standard	Standard
\$ -	\$ 20,000	\$127	74	182	\$106
20,001	30,000	\$151	83	182	\$126
30,001	36,000	\$160	87	182	\$134
36,001	42,000	\$174	91	182	\$145
42,001	50,000	\$208	113	182	\$175
50,001	62,500	\$250	146	182	\$211
62,501	75,000	\$283	166	182	\$238
75,001	100,000	\$346	208	182	\$293
100,001	125,000	\$410	262	182	\$347
125,001 +		\$467	302	182	\$397
Employer Premium		\$579	\$ 414	\$ 483	\$ 501

Salary Range Family		Family Coverage Monthly Premium	Family Coverage Monthly Premium	Family Coverage Monthly Premium	Family Coverage Monthly Premium
		Standard	Standard	Standard	Standard
\$ -	\$ 20,000	\$185	\$118	\$304	\$149
20,001	30,000	\$234	\$145	\$304	\$192
30,001	36,000	\$261	\$159	\$304	\$215
36,001	42,000	\$291	\$175	\$304	\$239
42,001	50,000	\$341	\$207	\$304	\$283
50,001	62,500	\$409	\$251	\$304	\$341
62,501	75,000	\$442	\$275	\$304	\$369
75,001	100,000	\$528	\$343	\$304	\$443
100,001	125,000	\$646	\$431	\$304	\$544
125,001 +		\$747	\$499	\$304	\$630
Employer Premium		\$946	\$ 673	\$ 784	\$ 815

FAMILY with EMPLOYEE SPOUSE POLICY TIER WILL NO LONGER BE AVAILABLE

Single						Single Coverage									
Employee Salary		Employee Premiums				Employee Salary		Deductible				Out-of-Pocket Maximum			
		Plan A	Plan B	Plan C	Plan D			Plan A	Plan B	Plan C	Plan D	Plan A	Plan B	Plan C	Plan D
\$ -	\$ 30,000	\$ 59	\$ 40	\$ 78	\$ 48	\$ -	\$ 30,000	\$ 275	\$ 700	\$ 1,300	\$ 275	\$ 1,775	\$ 3,000	\$ 2,500	\$ 1,775
\$ 30,001	\$ 60,000	\$ 81	\$ 48	\$ 78	\$ 69	\$ 30,001	\$ 60,000	\$ 375	\$ 700	\$ 1,300	\$ 375	\$ 2,225	\$ 3,000	\$ 2,500	\$ 2,225
\$ 60,001	\$ 90,000	\$ 122	\$ 66	\$ 78	\$ 104	\$ 60,001	\$ 90,000	\$ 575	\$ 1,200	\$ 1,300	\$ 575	\$ 2,825	\$ 3,000	\$ 2,500	\$ 2,825
\$ 90,001	\$ 120,000	\$ 176	\$ 95	\$ 78	\$ 149	\$ 90,001	\$ 120,000	\$ 675	\$ 1,200	\$ 1,300	\$ 675	\$ 2,975	\$ 3,000	\$ 2,500	\$ 2,975
\$ 120,001	+	\$ 204	\$ 120	\$ 78	\$ 174	\$ 120,001	+	\$ 775	\$ 1,200	\$ 1,300	\$ 775	\$ 3,225	\$ 3,000	\$ 2,500	\$ 3,225
Employee and Child(ren)															
Employee and Child(ren)						Employee Salary		Deductible				Out-of-Pocket Maximum			
		Plan A	Plan B	Plan C	Plan D			Plan A	Plan B	Plan C	Plan D	Plan A	Plan B	Plan C	Plan D
\$ -	\$ 30,000	\$ 116	\$ 68	\$ 165	\$ 96	\$ -	\$ 30,000	\$ 550	\$ 1,400	\$ 2,600	\$ 550	\$ 3,550	\$ 6,000	\$ 5,000	\$ 3,550
\$ 30,001	\$ 60,000	\$ 146	\$ 79	\$ 165	\$ 122	\$ 30,001	\$ 60,000	\$ 750	\$ 1,400	\$ 2,600	\$ 750	\$ 4,450	\$ 6,000	\$ 5,000	\$ 4,450
\$ 60,001	\$ 90,000	\$ 233	\$ 136	\$ 165	\$ 197	\$ 60,001	\$ 90,000	\$ 1,150	\$ 2,400	\$ 2,600	\$ 1,150	\$ 5,650	\$ 6,000	\$ 5,000	\$ 5,650
\$ 90,001	\$ 120,000	\$ 338	\$ 209	\$ 165	\$ 286	\$ 90,001	\$ 120,000	\$ 1,350	\$ 2,400	\$ 2,600	\$ 1,350	\$ 5,950	\$ 6,000	\$ 5,000	\$ 5,950
\$ 120,001	+	\$ 384	\$ 245	\$ 165	\$ 325	\$ 120,001	+	\$ 1,550	\$ 2,400	\$ 2,600	\$ 1,550	\$ 6,450	\$ 6,000	\$ 5,000	\$ 6,450
Employee and Spouse (TFI)															
Employee and Spouse (TFI)						Employee Salary		Deductible				Out-of-Pocket Maximum			
		Plan A	Plan B	Plan C	Plan D			Plan A	Plan B	Plan C	Plan D	Plan A	Plan B	Plan C	Plan D
\$ -	\$ 30,000	\$ 131	\$ 84	\$ 221	\$ 105	\$ -	\$ 30,000	\$ 550	\$ 1,400	\$ 2,600	\$ 550	\$ 3,550	\$ 6,000	\$ 5,000	\$ 3,550
\$ 30,001	\$ 60,000	\$ 194	\$ 116	\$ 221	\$ 158	\$ 30,001	\$ 60,000	\$ 750	\$ 1,400	\$ 2,600	\$ 750	\$ 4,450	\$ 6,000	\$ 5,000	\$ 4,450
\$ 60,001	\$ 90,000	\$ 301	\$ 174	\$ 221	\$ 244	\$ 60,001	\$ 90,000	\$ 1,150	\$ 2,400	\$ 2,600	\$ 1,150	\$ 5,650	\$ 6,000	\$ 5,000	\$ 5,650
\$ 90,001	\$ 120,000	\$ 355	\$ 203	\$ 221	\$ 289	\$ 90,001	\$ 120,000	\$ 1,350	\$ 2,400	\$ 2,600	\$ 1,350	\$ 5,950	\$ 6,000	\$ 5,000	\$ 5,950
\$ 120,001	+	\$ 398	\$ 237	\$ 221	\$ 326	\$ 120,001	+	\$ 1,550	\$ 2,400	\$ 2,600	\$ 1,550	\$ 6,450	\$ 6,000	\$ 5,000	\$ 6,450
Family (TFI)															
Family (TFI)						Employee Salary		Deductible				Out-of-Pocket Maximum			
		Plan A	Plan B	Plan C	Plan D			Plan A	Plan B	Plan C	Plan D	Plan A	Plan B	Plan C	Plan D
\$ -	\$ 30,000	\$ 188	\$ 112	\$ 308	\$ 153	\$ -	\$ 30,000	\$ 550	\$ 1,400	\$ 2,600	\$ 550	\$ 3,550	\$ 6,000	\$ 5,000	\$ 3,550
\$ 30,001	\$ 60,000	\$ 259	\$ 147	\$ 308	\$ 211	\$ 30,001	\$ 60,000	\$ 750	\$ 1,400	\$ 2,600	\$ 750	\$ 4,450	\$ 6,000	\$ 5,000	\$ 4,450
\$ 60,001	\$ 90,000	\$ 412	\$ 244	\$ 308	\$ 337	\$ 60,001	\$ 90,000	\$ 1,150	\$ 2,400	\$ 2,600	\$ 1,150	\$ 5,650	\$ 6,000	\$ 5,000	\$ 5,650
\$ 90,001	\$ 120,000	\$ 517	\$ 317	\$ 308	\$ 426	\$ 90,001	\$ 120,000	\$ 1,350	\$ 2,400	\$ 2,600	\$ 1,350	\$ 5,950	\$ 6,000	\$ 5,000	\$ 5,950
\$ 120,001	+	\$ 578	\$ 362	\$ 308	\$ 477	\$ 120,001	+	\$ 1,550	\$ 2,400	\$ 2,600	\$ 1,550	\$ 6,450	\$ 6,000	\$ 5,000	\$ 6,450

Non-Medicare Retiree and Special Medicare Plan Proposal

- 2% Rate Increase
 - *Recommendation: 0% Rate Increase*
- Remove pharmacy deductible (plan A, B , D)
 - *Recommendation: Keep the pharmacy deductible as is*
- Change pharmacy 2nd tier, Preferred Brand, from \$25/\$30 to 30% coinsurance (\$25 minimum, \$100 maximum per 30-day script)
 - 90-day supply of Preferred Brand would be 30% coinsurance (\$50 minimum and \$200 maximum)
 - *Recommendation: Change 2nd Tier, Preferred Brand from \$25/\$30 to 20% Coinsurance (\$25 minimum, \$50 maximum per 30-day script or \$50 minimum, \$100 maximum for a 90-day script)*
- Pay by Person
 - *Recommendation: No*

Medicare Retiree Proposal (Humana)

- 2% Rate Increase
 - *Recommendation: 0% Rate Increase*
- Increase Generic tier from \$5 to \$10
 - *Recommendation: Yes*
- Remove pharmacy deductible (plan 1, 2)
 - *Recommendation: Keep the pharmacy deductible as is*
- Change pharmacy 2nd tier, Preferred Brand, from \$15 to 30% coinsurance (\$25 minimum, \$100 maximum per 30-day script)
 - 90-day supply of Preferred Brand would be 30% coinsurance (\$50 minimum and \$200 maximum)
 - *Recommendation: Change 2nd Tier, Preferred Brand from \$15 to \$25 for a 30-day script or \$50 for a 90-day script*
 - Pay by Person
 - *Recommendation: No*

Retiree Assistance

- Remove pharmacy deductible (plan A, B , D)
 - *Recommendation: Keep the pharmacy deductible as is*
- Change pharmacy 2nd tier, Preferred Brand, from \$25/\$30 to 30% coinsurance (\$25 minimum, \$100 maximum per 30-day script)
 - 90-day supply of Preferred Brand would be 30% coinsurance (\$50 minimum and \$200 maximum)
 - *Recommendation: Change 2nd Tier, Preferred Brand from \$15 to \$25 for a 30-day script or \$50 for a 90-day script*
- Pay by Person
 - *Recommendation: No*

Healthy Tomorrows Future

- New wellness vendor: Humana Go365
- Next phase of the Healthy Tomorrows program
 - Those who met the Healthy Tomorrows goals for this plan year don't have to submit bloodwork by 5/15/18
 - Those who DIDN'T meet the Healthy Tomorrows goals for this year MUST submit bloodwork within range (or have a doc's statement that they can't) by 5/15/18 or pay \$500 penalty deductible and \$25 extra premium per month
 - Go365 website will be open for you to try in January
 - Start earning points in July
- Active employees and non-Medicare retirees only
 - Policyholders only – no spouses or dependents required
 - *Recommendation: Keep healthy tomorrows as structured and remove the healthy food option*



Healthy Tomorrows is adding incentives!

Program transition details for January-June 2018

If you met the Healthy Tomorrows requirements for 7/1/17	If you have not met the Healthy Tomorrows requirements for 7/1/17	ALL EMPLOYEES Beginning 1/1/18
<i>Congratulations!</i>	<i>There is still work to do!</i>	<i>Go Play with Go365!</i>
<ul style="list-style-type: none">• You do not need to submit a Healthy Tomorrows form by May 15, 2018.• You will not be charged the \$500 penalty deductible or the \$25/mo premium increase starting July 2018 (for the 2019 Plan Year).	<ul style="list-style-type: none">• You still need to Complete Healthy Tomorrows form & be in range by May 15, 2018• If you do not, you will incur a \$500 penalty deductible and pay \$25/mo premium increase starting July 1, 2018	<ul style="list-style-type: none">• Learn the program• Have fun, build experience, and earn additional rewards for healthy activities including Amazon gift cards and fitness devices.
To get started with Go365 visit https://www.go365.com/ or download the Go365 app from your Android or iTunes App Store		

Four-Year Healthy Tomorrows Strategy



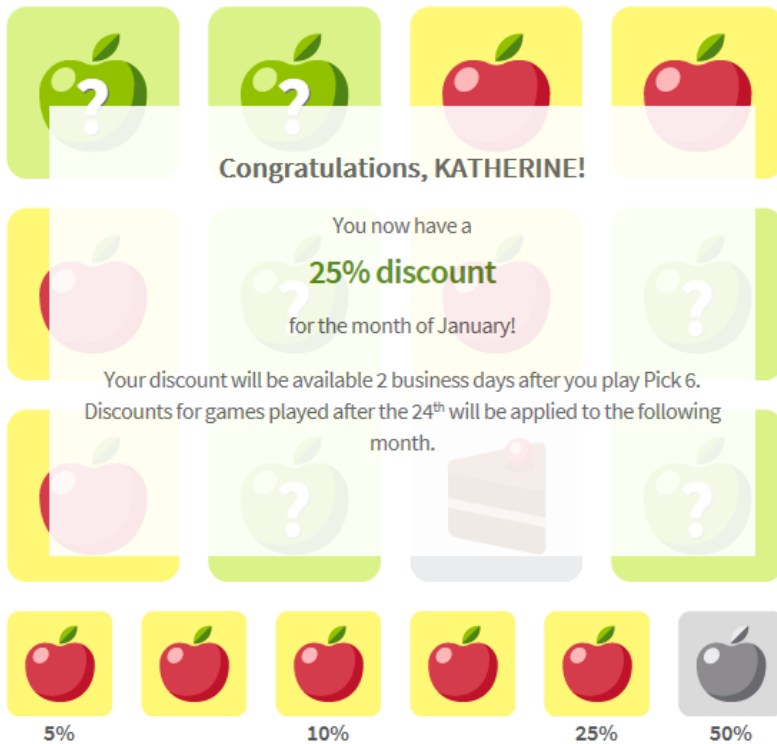
Year 4 7/1/2018 – 6/30/2019	Year 5 7/1/2019 – 6/30/2020	Year 6 7/1/2020 – 6/30/2021	Year 7 7/1/2021 – 6/30/2022
To avoid penalty the following year*:			
Earn 3,000 Points By May 15, 2019	Earn 5,000 Points by May 15, 2020	Earn 8,000 Points by May 15, 2021	Earn 8,000 Points AND be Negative for Metabolic Syndrome** by May 15, 2022.

*In order to avoid \$500 deductible increase and \$25 monthly premium increase.

***Metabolic Risk Syndrome is a cluster of conditions – increased blood pressure, a high blood sugar level, excess body fat around the waist and abnormal cholesterol levels – that occur together, increasing the risk of heart disease, stroke and diabetes. To be negative for metabolic syndrome a member must have at least 3 of the 5 risk factors in a healthy range (weight, cholesterol, triglycerides, blood pressure, and blood glucose).*

Recommendation: Remove the healthy food program

Save when you play **Pick6**



The screenshot shows the Pick6 app interface. At the top, there are four icons: two green apples with question marks and two red apples. Below these is a notification: "Congratulations, KATHERINE! You now have a 25% discount for the month of January! Your discount will be available 2 business days after you play Pick 6. Discounts for games played after the 24th will be applied to the following month." Below the notification are four icons: a red apple, a green apple with a question mark, a slice of cake, and another green apple with a question mark. At the bottom, there are six icons: five red apples and one grey apple, with percentages 5%, 10%, 10%, 25%, 25%, and 50% below them respectively.



1. Play games - Web or Go365 app once a month
2. Discounts range between 5 and 50%
3. Look for healthy food items with a symbol at Walmart
4. At register, show your membership and receive your discount on healthy food items

WV PEIA Local Fund Financial Plan FY 2018 - FY 2022

DRAFT

	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Local Fund Premium Increase	\$ 6,600,000	\$ -	\$ 10,000,000	\$ 19,000,000	\$ 18,500,000
Increase	7.4%	0.0%	8.2%	14.4%	12.2%
Board Decision Benefit Reduction - Active Local Medical	\$ 5,560,000	\$ -	\$ -	\$ -	\$ -
Board Decision Benefit Reduction - Active Local Drugs	\$ 1,614,000	\$ 1,000,000	\$ -	\$ -	\$ -
PPACA Reinsurance Contributions (Cost)	\$ -	\$ -	\$ -	\$ -	\$ -
PPACA Comparative Effectiveness Research Fees (Cost)	\$ (49,352)	\$ (48,781)	\$ -	\$ -	\$ -
Pay Go Premium Transfer	\$ 27,747,031	\$ 27,312,033	\$ 28,955,619	\$ 31,306,645	\$ 33,880,297
<u>Local Fund</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Beginning Reserve	37,838,456	39,872,496	34,241,372	27,313,232	26,117,430
Fiscal Year Results	2,034,041	(5,631,123)	(6,928,141)	(1,195,801)	2,692,809
Ending Reserve	39,872,497	34,241,373	27,313,231	26,117,431	28,810,239
<u>Minimum Actuarial Reserve Required</u>	<u>19,191,901</u>	<u>20,775,215</u>	<u>22,918,685</u>	<u>25,426,498</u>	<u>28,390,591</u>
PEIA/RHBT Expenses	139,889,341	151,547,360	167,494,787	186,244,065	208,481,297
Reserve as a Percent of Expenses	29%	23%	16%	14%	14%
Growth In Program Expenses	2.2%	5.9%	8.3%	9.2%	9.5%

WV PEIA State Fund Financial Plan FY 2018 - FY 2022

DRAFT

	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Additional Employer Premium	\$ -	\$ 10,000,000	\$ 33,000,000	\$ 62,500,000	\$ 72,000,000
Increase	0.0%	2.0%	6.4%	11.3%	11.7%
Employee Premium	\$ -	\$ 500,000	\$ 8,300,000	\$ 15,600,000	\$ 18,000,000
Increase	0.0%	0.5%	6.4%	11.3%	11.7%
State Direct Transfer	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ -	\$ -
Board Decision Benefit Reduction - Active State Medical	\$ 23,887,000	\$ -	\$ -	\$ -	\$ -
Board Decision Benefit Reduction - Active State Drugs	\$ 7,878,000	\$ 5,100,000	\$ -	\$ -	\$ -
PPACA Reinsurance Contributions (Cost)	\$ -	\$ -	\$ -	\$ -	\$ -
PPACA Comparative Effectiveness Research Fees (Cost)	\$ (273,235)	\$ (271,780)	\$ -	\$ -	\$ -
Pay Go Premium Transfer	\$ 132,252,969	\$ 126,687,967	\$ 131,044,381	\$ 138,693,355	\$ 146,119,703
State Fund	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Beginning Reserve	111,205,735	138,950,799	142,041,828	132,551,516	126,748,184
Fiscal Year Results	27,745,064	3,091,028	(9,490,311)	(5,803,333)	13,901,500
Ending Reserve	<u>138,950,799</u>	<u>142,041,827</u>	<u>132,551,517</u>	<u>126,748,183</u>	<u>140,649,684</u>
Minimum Actuarial Reserve Required	<u>97,405,190</u>	<u>104,605,098</u>	<u>114,549,472</u>	<u>126,205,351</u>	<u>139,659,761</u>
PEIA/RHBT Expenses	713,940,368	766,435,788	839,559,189	925,670,645	1,025,009,608
Reserve as a Percent of Expenses	19%	19%	16%	14%	14%
State Share	79.7%	80.0%	80.0%	80.0%	80.0%
Employee Share	20.3%	20.0%	20.0%	20.0%	20.0%
Growth In Program Expenses	0.1%	5.4%	7.8%	8.7%	9.0%

WV RHBT Non-Medicare Fund Financial Plan FY 2018 - FY 2022

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	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Retiree Premium Increase- Non-Medicare (Fiscal Year)	\$ 386,430	\$ 0	\$ 3,994,714	\$ 7,389,490	\$ 10,513,138
Increase	4.0%	0.0%	8.1%	13.2%	15.8%
General Revenue Transfer (OPEB Funding)	\$ 12,162,311	\$ 12,238,440	\$ 12,243,738	\$ 12,361,395	\$ 12,067,617
General Revenue Transfer (Premium Offset)	\$ 2,027,052	\$ 2,039,740	\$ 2,040,623	\$ 2,060,232	\$ -
Board Decision Benefit Reduction - Retiree Non-Medicare	\$ 3,400,000	\$ 300,000	\$ -	\$ -	\$ -
Reinsurance Contributions (Cost)	\$ -	\$ -	\$ -	\$ -	\$ -
Comparative Effectiveness Research Fees (Cost)	\$ (7,124)	\$ (6,952)	\$ -	\$ -	\$ -
Pay Go Premium Transfer	\$ 56,213,624	\$ 51,431,795	\$ 54,421,345	\$ 55,943,353	\$ 57,932,368

<u>Non-Medicare Fund</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Beginning Reserve	\$ 385,686,017	\$ 433,448,462	\$ 472,786,196	\$ 514,309,250	\$ 558,557,281
Fiscal Year Results	45,737,465	39,337,734	41,523,055	44,248,031	46,783,755
Ending Total Reserve	433,448,462	472,786,196	514,309,250	558,557,281	605,341,036
Ending Premium Stabilization Reserve	\$ -	\$ -	\$ -	\$ -	\$ -
Growth In Program Expenses	0.7%	9.0%	9.6%	10.1%	10.6%

WV RHBT Medicare Fund Financial Plan CY 2018 - CY 2022

DRAFT

	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Retiree Premium Increase - Medicare (Calendar Year)	\$ 2,058,659	\$ 909,076	\$ 16,316,126	\$ 21,807,434	\$ 29,428,310
Increase	2.4%	0.0%	29.2%	29.9%	30.7%
General Revenue Transfer (OPEB Funding)	\$ 17,799,625	\$ 17,758,911	\$ 17,697,434	\$ 17,785,494	\$ 18,048,687
General Revenue Transfer (Premium Offset)	\$ 2,966,604	\$ 2,959,819	\$ 2,949,572	\$ 1,469,884	\$ -
Board Decision Benefit Reduction - Humana MAPD (Calendar Year)	\$ 20,500,000	\$ 1,920,000	\$ -	\$ -	\$ -
Board Decision Benefit Reduction - Retiree Medicare	\$ -	\$ 100,000	\$ -	\$ -	\$ -
Reinsurance Contributions (Cost)	\$ -	\$ -	\$ -	\$ -	\$ -
Comparative Effectiveness Research Fees (Cost)	\$ (25,512)	\$ (12,974)	\$ -	\$ -	\$ -
Pay Go Premium Transfer	\$ 103,177,291	\$ 104,073,430	\$ 109,817,651	\$ 118,062,140	\$ 124,306,410

<u>Medicare Fund (Calendar Year)</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Beginning Reserve	\$ 477,917,899	\$ 540,703,663	\$ 591,446,256	\$ 643,225,248	\$ 698,121,689
Fiscal Year Results	62,785,764	50,742,593	51,778,992	54,896,440	58,398,818
Ending Total Reserve	540,703,663	591,446,256	643,225,248	698,121,689	756,520,507
Ending Premium Stabilization Reserve	\$ -	\$ -	\$ -	\$ -	\$ -
Growth In Program Expenses	-1.5%	11.4%	14.2%	14.8%	15.4%
Retiree Subsidy	\$ 102,438,428	\$ 119,188,598	\$ 127,489,020	\$ 134,989,911	\$ 140,537,192
Percent Paid By Retiree	32.4%	29.6%	34.2%	39.4%	45.4%

Public Comment

John Myers
Chairman



Old Business

New Business

Schedule Next Meeting

March 22, 2018

John Myers

Chairman

Adjourn

John Myers
Chairman



If you want to request a copy of today's meeting materials, please contact:

Tammy Scarberry

(304) 957-2620

Tammy.R.Scarberry@wv.gov