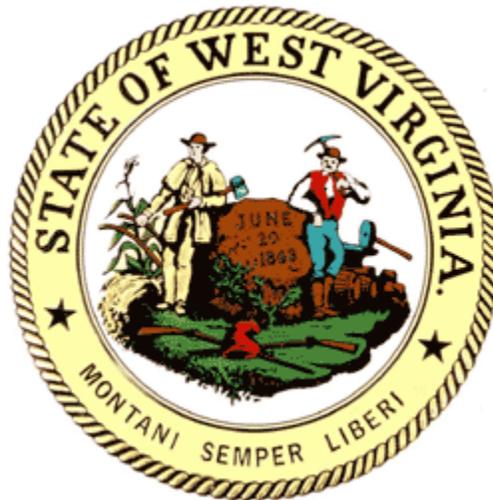




CCRC
Actuaries, LLC

STATE OF WEST VIRGINIA



RETIREE HEALTH BENEFIT TRUST FUND

**Quarterly Report
December 31, 2010**

Fiscal Years 2011-2015

March 2011



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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 CCRC Actuaries, LLC (“CCRC 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 CCRC 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, 2007.

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. CCRC Actuaries has been retained by the RHBT to review the proposed financial plan, and as supported by our work, to render an 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 2015. The analysis is to be prepared on an accrued and incurred reporting basis for a projection period not to exceed five years.

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. Any moneys saved in a plan year shall be transferred into the reserve fund. At the close of any fiscal year in which the balance in the reserve fund exceeds the recommended reserve amount by fifteen percent, these excess funds shall be transferred to the West Virginia Retiree Health Benefit Trust Fund.

CCRC Actuaries has provided preliminary forecasts for the Trust Fund for fiscal years ending June 30, 2011 (“FY 2011”), June 30, 2012 (“FY 2012”), June 30, 2013 (“FY 2013”), June 30, 2014 (“FY 2014”) and June 30, 2015 (“FY 2015”). This opinion of plan adequacy is based on the projections through FY 2015 using updated future revenue and plan modifications provided by the Board in the plan adopted in December 2010.

Effective July 1, 2010, RHBT has contracted Humana to provide Medicare Advantage/Prescription Drug Plan (“MAPD”) benefits to Medicare-eligible retired employees and dependents. In addition, plan members can coordinate their prescription drug benefits through RHBT’s Prescription Drug Plan (“PDP”). Under this arrangement, Humana has assumed the financial risk of providing comprehensive medical coverage with limited copayments. Non-Medicare retirees are currently enrolled in PEIA’s Health Plan.

Current Medicare coverages are transferred from a self-insured secondary basis by RHBT to MAPD. However, it should be noted that new Medicare eligible retirees, who became Medicare eligible during the plan year, which ends each June, will be covered on a secondary basis by the PPB Plan until July 1, 2011, at which time they will be covered under the MAPD. In addition to newly eligible Medicare retirees, RHBT will continue to provide coverage under the original self-insured secondary basis for those Medicare retirees with access issues to the Humana and PDP program.

The Medicaid / RHBT Hospital Bill (“Bill”) has been extended and is anticipated to continue to provide RHBT with hospital charge savings through discounts for all retiree non-Medicare coverages. These hospital savings are assumed to increase by the medical trend assumptions in Fiscal Year 2011 and subsequently. We are assuming that the Bill will continue throughout the forecast and RHBT will not receive any future direct transfers in lieu of the savings resulting from the Bill.

In reviewing the plan, CCRC 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. Based on the PPACA/Health Care Reform requirements to expand coverage, the estimated cost of eliminating lifetime limitations is a total of \$200,000 in FY 2012. In addition, RHBT is expecting to collect an additional drug rebate of \$10 million in FY 2012 from its payment of drug claims through the Medicare Part D coverage gap, informally known as the Medicare donut hole.

Since the adoption of the financial plan in December 2010, RHBT has experienced favorable claim expense. In the circumstances, and subject to the conditions described herein, based on our review, we believe the financial plan approved by the Board for FY 2011 through FY 2015 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 and employee premiums in later fiscal years of the plan through FY 2015 as approved by the Board in December 2010.

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 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, A.S.A., M.A.A.A.
Senior Actuarial Consultant

West Virginia Retiree Health Benefit Trust Fund
Report of Independent Actuary
Financial Plan for FY 2011 – FY 2015

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 CCRC Actuaries.

This report was compiled utilizing claims data collected by RHBT's third party administrators through February 2011 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 interest 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 and capitations and on an accrued basis for administrative expenses and revenue for a period not to exceed five years. At the request of the Board, the reporting basis is based upon the Trust Fund. The Trust Fund represents all state and local agency retirees and their survivors. The Trust Fund has been allocated the anticipated administrative costs incurred by RHBT for retiree coverages.

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 retirees. We have observed a net increase of 740 retirees from June 2009 to June 2010, approximating our current assumption. CCRC Actuaries has updated the claims analysis based on the enrollment through March 2011.

In aggregate, March 2011 enrollment has increased by 1,314 coverages since the end of FY 2010. Aggregate Preferred Provider Benefit (“PPB”) enrollment has increased by 1,418 in total over the same period, while managed care enrollment continues to cover fewer participants, with a slight decrease of 104 coverages. For MAPD Capitations, 36,910 Medicare policyholders were provided by RHBT management to forecast the monthly capitation cost shown on Page 8 of this report.

The following chart summarizes the current enrollment as of the selected monthly billing dates of June 2009, June 2010 and March 2011 for purposes of comparison:

Trust Fund	Coverage	Preferred Provider Benefit			Managed Care		
		Jun-09	Jun-10	Mar-11	Jun-09	Jun-10	Mar-11
Retirees	Medicare Single	16,090	16,261	16,816	11	14	17
	<u>Medicare Family</u>	<u>10,842</u>	<u>11,202</u>	<u>11,285</u>	<u>9</u>	<u>20</u>	<u>14</u>
	Medicare Total	26,932	27,463	28,101	20	34	31
	Non Medicare Single	3,247	3,363	3,702	222	233	164
	<u>Non Medicare Family</u>	<u>3,969</u>	<u>4,046</u>	<u>4,487</u>	<u>202</u>	<u>193</u>	<u>161</u>
	Non Medicare Total	7,216	7,409	8,189	424	426	325
	Retiree Total	34,148	34,872	36,290	444	460	356
Grand Total				34,592	35,332	36,646	

B. Changes in Claim Backlog

Detail of the medical claim backlog is presented in the PEIA report titled “PEIA December 31, 2010 Quarterly Report”.

C. Trend Analysis

While RHBT has experienced unfavorable medical and prescription drug trends in FY 2011, over the long term, trends have been favorable. CCRC Actuaries performed the detailed medical and prescription drugs trend analysis in the report titled, “Detailed Medical and Prescription Drug Claim Trend Report - August 2010”. This report includes the detailed trend analysis of PEIA experience by medical and prescription drugs. Based on the analysis, we have decreased the FY 2011 and FY 2012 medical claim trend to 5.5%. Additionally, due to PEIA’s favorable prescription drug experience, we have reduced our trend assumption for all prescription drugs coverage to 9.0% in FY 2011 and FY 2012.

The current projection assumes the trends on the following table:

Claim Type	Previous Assumption FY 2011 Trend	Updated Assumption FY 2011 Trend
Non-Medicare – Medical	6.5%	5.5%
Medicare – Medical	6.5%	5.5%
Non-Medicare – Drugs	11.5%	9.0%
Medicare – Drugs	11.5%	9.0%

In addition, we have assumed that trends will increase by 0.5% in each successive fiscal year beginning in FY 2013. At the Board’s request, the baseline trend assumptions have been established to reflect the most likely or expected trends. In order to provide information on the impact of varying trend assumptions, two alternative trend scenarios were developed. The Optimistic Scenario incorporates trend assumptions 2.0% below the Baseline Scenario and the Pessimistic Scenario incorporates trend assumptions 2.0% above the Baseline Scenario.

The following chart summarizes the trend results observed for the plan using data through February 2011. It is important to note that these trends have not been adjusted to reflect savings as a result of the expansion of the drug rebate program or the claim savings due to changes in provider reimbursement methodologies nor changes in the benefit structure. In developing the claim cost projection, we have reflected for benefit and reimbursement changes as an adjustment to the gross trend assumption.

Aggregate Trust Fund Historical Trends (Retirees)

<u>Fiscal Year</u>	<u>Medical Medicare</u>	<u>Medical Non-Medicare</u>	<u>Drugs Medicare</u>	<u>Drugs Non-Medicare</u>	<u>Total</u>
2003	-5%	-9%	11%	1%	3%
2004	9%	2%	3%	-2%	6%
2005	6%	-2%	16%	1%	8%
2006	6%	5%	11%	17%	9%
2007	6%	1%	6%	6%	5%
2008	N/A	6%	N/A	-2%	N/A
2009	N/A	-2%	N/A	5%	N/A
2010	N/A	3%	N/A	7%	N/A
2011*	N/A	5%	N/A	13%	N/A

* Fiscal Year 2011 results are through the first eight months ending February 2011.

Effective July 1, 2010, RHBT has contracted Humana to provide MAPD benefits to Medicare-eligible retired employees and dependents. In addition, plan members can coordinate their prescription drug benefits through RHBT's PDP. Under this arrangement, Humana has assumed the financial risk of providing comprehensive medical coverage with limited copayments. Non-Medicare retirees are currently enrolled in PEIA's Health Plan. As a result, Fiscal Year 2008 through 2011 Medicare trends are non-credible.

D. Enrollment, Claim, Expense and Revenue Assumptions

Using aggregate PEIA and Trust Fund paid claim data through February 2011 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. CCRC 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 2011 revenue and expenses are summarized in the following chart. It should be noted that the chart reflects per policy information.

Fiscal Year 2011 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	28,016			\$ 290	\$ 103	
	Non-Medicare	8,153			\$ 618	\$ 234	
	Total	36,169	\$ -	\$ 158			
	Non-Medicare Managed Care	315	\$ -	\$ 516			\$ 1,151
	Total	36,484					

Projected plan revenues and administrative expenses were provided by RHBT. The following chart summarizes the Financial Plan adopted by the Board in December 2010. Non-Medicare retirees premium will be increased by approximately \$2.5 million in Fiscal Year 2011, while Medicare retirees premium will not receive an increase.

Board Decisions – December 2010

Source	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015
Additional Retiree Premiums	\$2,500,000	\$0	\$10,900,000	\$9,200,000	\$9,200,000
Provider/Benefit Reductions	\$7,000,000	\$0	\$0	\$0	\$0
PPACA Cost Adjustment	\$0	\$200,000	\$0	\$0	\$0
Medicare Part D Coverage Gap (Rebate)	\$0	(\$10,000,000)	\$0	\$0	\$0
Pay Go Premium Transfer	\$145,176,757	\$149,919,642	\$181,658,268	\$200,291,592	\$228,515,904
Actuarial Accrued Liability*	\$8,718,100,000	\$9,397,200,000	\$10,108,000,000	\$10,848,500,000	\$11,619,900,000
Funded Status	5.2%	4.9%	4.9%	4.9%	4.8%

*Projected Result

The \$7,000,000 reduction in benefits in Fiscal Year 2011 are comprised of the following changes:

	<u>Change in 2011 Claim Cost</u>
Increase Family out of pocket to 1.5x Single and \$25 increase to deductible	\$5.0 M
Implement ESI High Performance Formulary	\$2.0 M

The \$200,000 PPACA/Health Care Reform requirement in Fiscal Year 2012 is comprised of the following change:

	<u>Change in 2012 Claim Cost</u>
Eliminating Lifetime Limitations	\$200,000

The \$10,000,000 rebate of Medicare Part D coverage gap in Fiscal Year 2012 is comprised of the following change:

	<u>Change in 2012 Claim Cost</u>
Medicare donut hole rebate	-\$10,000,000

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. Additionally, RHBT management has assumed that the Retiree Premium Assistance Program will grow as a direct result from the required retiree premium increases in the financial plan. The program's cost is currently projected to grow from approximately \$2.3 million in FY 2011 to approximately \$3.2 million in FY 2015, based on the Board's direction and projected retiree enrollment growth in the financial plan.

In FY2011 and future years, the Pay Go premium will continue to increase each year based on retiree subsidy for FY 2011 through FY 2015, based on the financial plan approved by the Board in December 2010.

E. Provider Reimbursement Changes

Effective July 1, 2010, RHBT has contracted Humana to provide MAPD benefits to Medicare-eligible retired employees and dependents. In addition, plan members can coordinate their prescription drug benefits through RHBT's PDP. Under this arrangement, Humana has assumed the financial risk of providing comprehensive medical coverage with limited copayments. Non-Medicare retirees are currently enrolled in PEIA's Health Plan.

FISCAL YEAR 2011 FORECAST

The financial forecast for FY 2011 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2011, projects accrued revenue of \$250,942,937 and incurred plan expenses of \$224,562,225 to produce a fiscal year surplus of \$26,380,712. It should be noted that this is a decline from the projected surplus of \$29,260,235 in the RHBT December 2010 Financial Plan Report due to higher trends.

FISCAL YEAR 2012 FORECAST

The financial forecast for FY 2012 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2012, projects accrued revenue of \$254,589,445 and incurred plan expenses of \$239,851,836 to produce a fiscal year surplus of \$14,737,609.

FISCAL YEAR 2013 FORECAST

The financial forecast for FY 2013 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2013, projects accrued revenue of \$299,290,881 and incurred plan expenses of \$268,261,105 to produce a fiscal year surplus of \$31,029,776.

FISCAL YEAR 2014 FORECAST

The financial forecast for FY 2014 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2014, projects accrued revenue of \$330,182,746 and incurred plan expenses of \$297,038,600 to produce a fiscal year surplus of \$33,144,146.

FISCAL YEAR 2015 FORECAST

The financial forecast for FY 2015 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2015, projects accrued revenue of \$370,892,144 and incurred plan expenses of \$335,485,480 to produce a fiscal year surplus of \$35,406,665.

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 10% reserve target through the projection period ending with the Fiscal Year 2015. These projections are based on significant revenue increases as contained in the Financial Plan adopted by the Board in December 2010 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

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2011**

PERIOD 7/1/2010 - 6/30/2011

	TRUST Total
<u>Revenues</u>	
Local Agencies - Pay Go Premiums	\$ 21,951,827
State Agencies Employers - Pay Go Premiums	98,440,843
State Agencies Employees - Pay Go Premiums	24,784,087
Retiree Premiums - PPB	68,779,021
Retiree Premiums - MCO	1,949,662
Annual Required Contributions	1,500,000
Non Par Premiums	3,364,497
Investment Income	30,173,000
Total Revenue	\$ 250,942,937
<u>Program Expenses</u>	
Non-Medicare Medical Claims	\$ 60,505,867
Non-Medicare Prescription Drug Claims	22,887,853
Medicare Medical Claims	2,754,323
Medicare Prescription Drug Claims (with PDP)	97,497,696
CMS Direct and Low Income Drug Subsidy	(22,590,000)
Non-Medicare Managed Care Capitations	4,351,000
MAPD Capitations	45,749,677
Administration	10,898,000
Life Insurance	-
Retiree Assistance Program	2,360,358
Director's Discretionary Fund	147,451
Total Expenses	\$ 224,562,225
Fiscal Year Results	\$ 26,380,712
Beginning Plan Reserve	422,635,842
Ending Plan Reserve	\$ 449,016,554
Accrued Actuarial Liability (AAL)	\$ 8,718,100,000
Funded Status	5.2%

KEY ASSUMPTIONS

Pay Go Monthly Premium	\$ 160.72	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 2,500,000	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
		Non-Medicare	5.5%	9.0%
		Medicare	5.5%	9.0%
		Capitations		8.0%
		Administrative Expense		5.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		15.4%

APPENDIX - BASELINE SCENARIO

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2012**

PERIOD 7/1/2011 - 6/30/2012

	TRUST Total
<u>Revenues</u>	
Local Agencies - Pay Go Premiums	\$ 22,668,988
State Agencies Employers - Pay Go Premiums	101,656,877
State Agencies Employees - Pay Go Premiums	25,593,777
Retiree Premiums - PPB	68,962,645
Retiree Premiums - MCO	1,954,867
Annual Required Contributions	-
Non Par Premiums	3,768,236
Investment Income	29,984,055
Total Revenue	\$ 254,589,445
<u>Program Expenses</u>	
Non-Medicare Medical Claims	\$ 66,383,444
Non-Medicare Prescription Drug Claims	25,943,496
Medicare Medical Claims	2,912,409
Medicare Prescription Drug Claims (with PDP)	96,513,777
CMS Direct and Low Income Drug Subsidy	(22,362,028)
Non-Medicare Managed Care Capitations	4,699,080
MAPD Capitations	50,395,734
Administration	12,518,100
Life Insurance	-
Retiree Assistance Program	2,549,187
Director's Discretionary Fund	298,637
Total Expenses	\$ 239,851,836
Fiscal Year Results	\$ 14,737,609
Beginning Plan Reserve	449,016,554
Ending Plan Reserve	\$ 463,754,163
Accrued Actuarial Liability (AAL)	\$ 9,397,200,000
Funded Status	4.9%

KEY ASSUMPTIONS

Pay Go Monthly Premium	\$ 165.97	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ -	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
		Non-Medicare	5.5%	9.0%
		Medicare	5.5%	9.0%
		Capitations		8.0%
		Administrative Expense		5.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		3.3%

APPENDIX - BASELINE SCENARIO

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2013**

PERIOD 7/1/2012 - 6/30/2013

	TRUST Total
<u>Revenues</u>	
Local Agencies - Pay Go Premiums	\$ 27,468,109
State Agencies Employers - Pay Go Premiums	122,538,703
State Agencies Employees - Pay Go Premiums	31,651,456
Retiree Premiums - PPB	80,111,511
Retiree Premiums - MCO	2,270,901
Annual Required Contributions	-
Non Par Premiums	4,220,424
Investment Income	31,029,777
Total Revenue	\$ 299,290,881
<u>Program Expenses</u>	
Non-Medicare Medical Claims	\$ 75,410,014
Non-Medicare Prescription Drug Claims	30,447,699
Medicare Medical Claims	3,081,792
Medicare Prescription Drug Claims (with PDP)	105,506,089
CMS Direct and Low Income Drug Subsidy	(24,445,527)
Non-Medicare Managed Care Capitations	5,075,006
MAPD Capitations	56,971,469
Administration	13,144,005
Life Insurance	-
Retiree Assistance Program	2,753,122
Director's Discretionary Fund	317,436
Total Expenses	\$ 268,261,105
Fiscal Year Results	\$ 31,029,776
Beginning Plan Reserve	463,754,163
Ending Plan Reserve	\$ 494,783,940
Accrued Actuarial Liability (AAL)	\$ 10,108,000,000
Funded Status	4.9%

KEY ASSUMPTIONS

Pay Go Monthly Premium	\$ 201.11	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 11,000,000	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
		Non-Medicare	6.0%	9.5%
		Medicare	6.0%	9.5%
		Capitations		8.0%
		Administrative Expense		5.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		21.2%

APPENDIX - BASELINE SCENARIO

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2014**

PERIOD 7/1/2013 - 6/30/2014

	TRUST Total
<u>Revenues</u>	
Local Agencies - Pay Go Premiums	\$ 30,285,609
State Agencies Employers - Pay Go Premiums	135,200,125
State Agencies Employees - Pay Go Premiums	34,805,858
Retiree Premiums - PPB	89,483,564
Retiree Premiums - MCO	2,536,569
Annual Required Contributions	-
Non Par Premiums	4,726,875
Investment Income	33,144,146
Total Revenue	\$ 330,182,746
<u>Program Expenses</u>	
Non-Medicare Medical Claims	\$ 83,164,409
Non-Medicare Prescription Drug Claims	34,686,912
Medicare Medical Claims	3,276,441
Medicare Prescription Drug Claims (with PDP)	115,863,933
CMS Direct and Low Income Drug Subsidy	(26,845,416)
Non-Medicare Managed Care Capitations	5,481,007
MAPD Capitations	64,309,066
Administration	13,801,205
Life Insurance	-
Retiree Assistance Program	2,973,371
Director's Discretionary Fund	327,672
Total Expenses	\$ 297,038,600
Fiscal Year Results	\$ 33,144,146
Beginning Plan Reserve	494,783,940
Ending Plan Reserve	\$ 527,928,086
Accrued Actuarial Liability (AAL)	\$ 10,848,500,000
Funded Status	4.9%

KEY ASSUMPTIONS

Pay Go Monthly Premium	\$ 221.74	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 9,200,000	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
		Non-Medicare	6.5%	10.0%
		Medicare	6.5%	10.0%
		Capitations		8.0%
		Administrative Expense		5.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		10.3%

APPENDIX - BASELINE SCENARIO

**WEST VIRGINIA RETIREE HEALTH BENEFIT TRUST
FINANCIAL FORECAST
FISCAL YEAR 2015**

PERIOD 7/1/2014 - 6/30/2015

	TRUST Total
<u>Revenues</u>	
Local Agencies - Pay Go Premiums	\$ 34,553,339
State Agencies Employers - Pay Go Premiums	154,337,581
State Agencies Employees - Pay Go Premiums	39,624,984
Retiree Premiums - PPB	98,872,752
Retiree Premiums - MCO	2,802,722
Annual Required Contributions	-
Non Par Premiums	5,294,100
Investment Income	35,406,666
Total Revenue	\$ 370,892,144
<u>Program Expenses</u>	
Non-Medicare Medical Claims	\$ 95,366,308
Non-Medicare Prescription Drug Claims	41,081,793
Medicare Medical Claims	3,499,773
Medicare Prescription Drug Claims (with PDP)	127,818,150
CMS Direct and Low Income Drug Subsidy	(29,615,182)
Non-Medicare Managed Care Capitations	5,919,487
MAPD Capitations	73,364,713
Administration	14,491,266
Life Insurance	-
Retiree Assistance Program	3,211,241
Director's Discretionary Fund	347,931
Total Expenses	\$ 335,485,480
Fiscal Year Results	\$ 35,406,665
Beginning Plan Reserve	527,928,086
Ending Plan Reserve	\$ 563,334,751
Accrued Actuarial Liability (AAL)	\$ 11,619,900,000
Funded Status	4.8%

KEY ASSUMPTIONS

Pay Go Monthly Premium	\$ 252.98	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 9,200,000	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
		Non-Medicare	7.0%	10.5%
		Medicare	7.0%	10.5%
		Capitations		8.0%
		Administrative Expense		5.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		14.1%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2009 to FY 2011**

Fiscal Year 2009

Exposure

	<u>Jul-08</u>	<u>Aug-08</u>	<u>Sep-08</u>	<u>Oct-08</u>	<u>Nov-08</u>	<u>Dec-08</u>	<u>Jan-09</u>	<u>Feb-09</u>	<u>Mar-09</u>	<u>Apr-09</u>	<u>May-09</u>	<u>Jun-09</u>
NonMed_NonDrug	17,556	18,378	18,417	18,315	18,328	18,427	18,412	18,412	18,272	18,108	18,057	17,932
Med_NonDrug	1,025	822	1,031	1,204	1,357	1,520	1,740	1,951	2,116	2,391	2,459	2,648
NonMed_Drug	16,273	17,038	17,071	16,977	16,989	17,081	17,066	17,069	16,940	16,788	16,739	16,623
Med_Drug	1,068	856	1,074	1,254	1,414	1,583	1,812	2,033	2,204	2,490	2,561	2,759

	<u>Jul-08</u>	<u>Aug-08</u>	<u>Sep-08</u>	<u>Oct-08</u>	<u>Nov-08</u>	<u>Dec-08</u>	<u>Jan-09</u>	<u>Feb-09</u>	<u>Mar-09</u>	<u>Apr-09</u>	<u>May-09</u>	<u>Jun-09</u>
NonMed_NonDrug	\$198.98	\$205.67	\$213.53	\$215.77	\$197.09	\$196.49	\$246.07	\$232.53	\$266.42	\$249.89	\$243.05	\$266.79
Med_NonDrug	107.72	221.22	217.15	207.85	182.84	210.81	222.51	197.68	257.85	185.89	154.89	156.19
NonMed_Drug	72.03	89.34	95.44	105.44	95.63	105.60	105.39	95.63	108.16	104.23	102.54	118.28
Med_Drug	<u>92.25</u>	<u>140.37</u>	<u>175.58</u>	<u>171.79</u>	<u>158.75</u>	<u>199.81</u>	<u>178.72</u>	<u>162.02</u>	<u>190.18</u>	<u>165.78</u>	<u>179.60</u>	<u>202.15</u>
Total	\$470.97	\$656.60	\$701.70	\$700.85	\$634.31	\$712.72	\$752.69	\$687.86	\$822.61	\$705.78	\$680.08	\$743.40

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	7.2%	-4.2%	19.3%	-13.0%	-4.1%	-4.5%	-7.4%	-6.8%	2.8%	-0.9%	-5.3%	5.4%
Med_NonDrug	226.0%	215.4%	538.3%	140.0%	213.0%	72.9%	78.8%	63.4%	88.4%	61.6%	37.7%	69.3%
NonMed_Drug	7.5%	-6.0%	33.6%	29.7%	-2.8%	8.0%	-4.9%	-6.1%	2.1%	2.8%	0.5%	5.3%
Med_Drug	<u>-93.1%</u>	<u>98.8%</u>	<u>95.6%</u>	<u>71.9%</u>	<u>-11.9%</u>	<u>10.9%</u>	<u>-1.6%</u>	<u>-1.6%</u>	<u>-1.8%</u>	<u>-0.4%</u>	<u>6.1%</u>	<u>16.3%</u>
Total	-71.0%	45.8%	87.5%	35.9%	16.9%	17.7%	10.3%	8.0%	18.3%	11.1%	6.2%	17.7%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug		6.7%				-7.5%			-3.8%			-0.3%
Med_NonDrug			298.0%			125.3%			77.3%			55.4%
NonMed_Drug			10.0%			10.5%			-2.9%			2.9%
Med_Drug			<u>-72.8%</u>			<u>15.2%</u>			<u>-1.7%</u>			<u>7.4%</u>
Total			-25.4%			23.1%			12.3%			11.6%

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug			7.6%			4.8%			0.2%			-1.5%
Med_NonDrug			13.2%			49.2%			81.2%			109.9%
NonMed_Drug			-5.0%			2.4%			2.5%			4.6%
Med_Drug			<u>-42.4%</u>			<u>-37.6%</u>			<u>-36.9%</u>			<u>-33.0%</u>
Total			-12.9%			-5.3%			-1.9%			2.9%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2009 to FY 2011**

Fiscal Year 2010

Exposure

	<u>Jul-09</u>	<u>Aug-09</u>	<u>Sep-09</u>	<u>Oct-09</u>	<u>Nov-09</u>	<u>Dec-09</u>	<u>Jan-10</u>	<u>Feb-10</u>	<u>Mar-10</u>	<u>Apr-10</u>	<u>May-10</u>	<u>Jun-10</u>
NonMed_NonDrug	18,470	19,167	19,133	18,994	19,016	18,991	18,968	18,857	18,836	18,739	18,523	18,333
Med_NonDrug	983	1,130	1,348	1,375	1,664	1,848	2,042	2,259	2,392	2,488	2,667	2,920
NonMed_Drug	17,122	17,761	17,731	17,606	17,625	17,600	17,580	17,478	17,459	17,370	17,171	16,998
Med_Drug	1,024	1,177	1,404	1,432	1,733	1,925	2,127	2,353	2,492	2,592	2,778	3,041

	<u>Jul-09</u>	<u>Aug-09</u>	<u>Sep-09</u>	<u>Oct-09</u>	<u>Nov-09</u>	<u>Dec-09</u>	<u>Jan-10</u>	<u>Feb-10</u>	<u>Mar-10</u>	<u>Apr-10</u>	<u>May-10</u>	<u>Jun-10</u>
NonMed_NonDrug	\$244.60	\$186.66	\$201.80	\$250.54	\$225.20	\$212.57	\$214.07	\$237.60	\$280.91	\$237.46	\$220.51	\$289.36
Med_NonDrug	231.70	198.25	171.14	184.82	136.36	142.27	185.80	128.03	134.30	137.55	120.15	128.97
NonMed_Drug	75.31	92.59	101.59	103.37	100.60	110.62	102.26	100.91	122.07	112.53	118.53	136.03
Med_Drug	<u>110.26</u>	<u>146.55</u>	<u>160.26</u>	<u>180.40</u>	<u>147.09</u>	<u>174.65</u>	<u>160.82</u>	<u>159.53</u>	<u>179.47</u>	<u>184.33</u>	<u>189.78</u>	<u>215.06</u>
Total	\$661.87	\$624.04	\$634.79	\$719.13	\$609.25	\$640.11	\$662.94	\$626.07	\$716.74	\$671.87	\$648.97	\$769.42

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	22.9%	-9.2%	-5.5%	16.1%	14.3%	8.2%	-13.0%	2.2%	5.4%	-5.0%	-9.3%	8.5%
Med_NonDrug	115.1%	-10.4%	-21.2%	-11.1%	-25.4%	-32.5%	-16.5%	-35.2%	-47.9%	-26.0%	-22.4%	-17.4%
NonMed_Drug	4.6%	3.6%	6.4%	-2.0%	5.2%	4.7%	-3.0%	5.5%	12.9%	8.0%	15.6%	15.0%
Med_Drug	<u>19.5%</u>	<u>4.4%</u>	<u>-8.7%</u>	<u>5.0%</u>	<u>-7.3%</u>	<u>-12.6%</u>	<u>-10.0%</u>	<u>-1.5%</u>	<u>-5.6%</u>	<u>11.2%</u>	<u>5.7%</u>	<u>6.4%</u>
Total	40.5%	-5.0%	-9.5%	2.6%	-4.0%	-10.2%	-11.9%	-9.0%	-12.9%	-4.8%	-4.6%	3.5%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug			2.4%			13.0%			-1.7%			-1.6%
Med_NonDrug			10.1%			-23.0%			-33.9%			-22.2%
NonMed_Drug			4.9%			2.6%			5.2%			12.9%
Med_Drug			<u>2.2%</u>			<u>-5.3%</u>			<u>-5.9%</u>			<u>7.6%</u>
Total			5.0%			-3.9%			-11.4%			-1.8%

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug			-2.4%			2.3%			2.9%			2.5%
Med_NonDrug			56.9%			21.1%			-6.3%			-18.2%
NonMed_Drug			3.6%			1.7%			3.9%			6.6%
Med_Drug			<u>5.6%</u>			<u>0.5%</u>			<u>-0.6%</u>			<u>-0.4%</u>
Total			12.8%			6.2%			-0.3%			-3.4%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2009 to FY 2011**

Fiscal Year 2011

Exposure

	<u>Jul-10</u>	<u>Aug-10</u>	<u>Sep-10</u>	<u>Oct-10</u>	<u>Nov-10</u>	<u>Dec-10</u>	<u>Jan-11</u>	<u>Feb-11</u>
NonMed_NonDrug	19,188	19,757	20,465	20,414	20,429	20,477	20,436	20,365
Med_NonDrug	936	1,130	1,402	1,583	1,755	1,939	2,124	2,308
NonMed_Drug	17,788	18,313	18,964	18,916	18,931	18,976	18,941	18,884
Med_Drug	975	1,177	1,461	1,648	1,828	2,020	2,212	2,404

	<u>Jul-10</u>	<u>Aug-10</u>	<u>Sep-10</u>	<u>Oct-10</u>	<u>Nov-10</u>	<u>Dec-10</u>	<u>Jan-11</u>	<u>Feb-11</u>
NonMed_NonDrug	\$215.37	\$190.82	\$205.65	\$218.39	\$233.00	\$208.89	\$257.67	\$237.67
Med_NonDrug	126.44	154.07	121.18	125.23	143.54	119.27	145.61	135.28
NonMed_Drug	81.79	104.83	106.57	109.01	114.20	114.33	116.53	74.85
Med_Drug	<u>136.85</u>	<u>173.06</u>	<u>183.84</u>	<u>183.54</u>	<u>178.89</u>	<u>183.48</u>	<u>197.00</u>	<u>115.32</u>
Total	\$560.44	\$622.78	\$617.23	\$636.16	\$669.64	\$625.96	\$716.81	\$563.12

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	-11.9%	2.2%	1.9%	-12.8%	3.5%	-1.7%	20.4%	0.0%
Med_NonDrug	-45.4%	-22.3%	-29.2%	-32.2%	5.3%	-16.2%	-21.6%	5.7%
NonMed_Drug	8.6%	13.2%	4.9%	5.5%	13.5%	3.4%	13.9%	-25.8%
Med_Drug	<u>24.1%</u>	<u>18.1%</u>	<u>14.7%</u>	<u>1.7%</u>	<u>21.6%</u>	<u>5.1%</u>	<u>22.5%</u>	<u>-27.7%</u>
Total	-15.3%	-0.2%	-2.8%	-11.5%	9.9%	-2.2%	8.1%	-10.1%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug	-3.4%	-4.1%
Med_NonDrug	-33.2%	-16.3%
NonMed_Drug	8.8%	7.3%
Med_Drug	<u>18.4%</u>	<u>8.7%</u>
Total	-6.3%	-1.9%

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug	1.2%	-2.6%
Med_NonDrug	-28.5%	-27.5%
NonMed_Drug	7.4%	8.6%
Med_Drug	<u>2.9%</u>	<u>6.6%</u>
Total	-5.9%	-5.5%