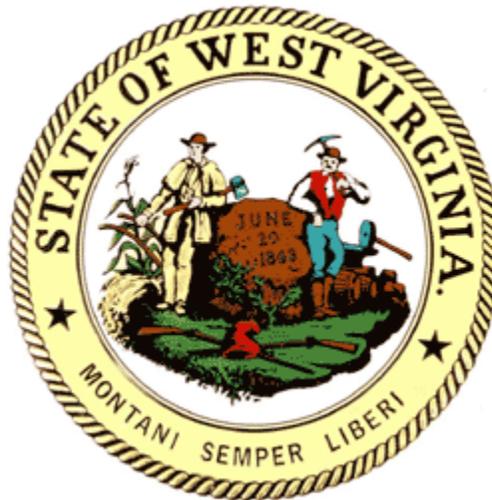




CCRC
Actuaries, LLC

STATE OF WEST VIRGINIA



RETIREE HEALTH BENEFIT TRUST FUND

**Quarterly Report
March 31, 2010**

Fiscal Years 2010-2014

May 2010



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Finance Board
West Virginia Retiree Health Benefit Trust Fund
State Capitol Complex
Building 5, Room 1001
1900 Kanawha Boulevard, East
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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 2014. 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, 2010 (“FY 2010”), June 30, 2011 (“FY 2011”), June 30, 2012 (“FY 2012”), June 30, 2013 (“FY 2013”) and June 30, 2014 (“FY 2014”). This opinion of plan adequacy is based on the projections through FY 2014 using updated future revenue and plan modifications provided by the Board in the plan adopted in December 2009.

Effective January 1, 2010, RHBT has contracted with Humana and Coventry to provide Medicare Advantage/Prescription Drug Plan (“MAPD”) Benefits to Medicare-eligible retired employees and dependents. Under this arrangement, Humana and Coventry has assumed the financial risk of providing comprehensive medical and prescription drug coverage with limited copayments.

Current Medicare coverages were 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, 2008, 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 Coventry program. Starting in FY 2012, MAPD will be discontinued throughout the future years.

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 2010 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 do not include any anticipated changes from the federal statute Patient Protection and Affordable Care Act signed into law on March 23, 2010.

Since the adoption of the financial plan in December 2009, 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 2010 through FY 2014 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 2014 as approved by the Board in December 2009.

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



Bradley Paulis
Reviewing Partner

West Virginia Retiree Health Benefit Trust Fund

Report of Independent Actuary

Financial Plan for FY 2010 – FY 2014

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 April 2010 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 recently observed a net increase of 722 retirees from June 2008 to June 2009, approximating our current assumption. CCRC Actuaries has updated the claims analysis based on the enrollment through May 2010.

In aggregate, May 2010 enrollment has increased by 740 coverages since the end of FY 2009. Aggregate Preferred Provider Benefit (“PPB”) enrollment has increased by 724 in total over the same period, while managed care enrollment continues to cover fewer participants, with a slight increase of 16 coverage.

The following chart summarizes the current enrollment as of the selected monthly billing dates of June 2008, June 2009 and May 2010 for purposes of comparison:

Trust Fund	Coverage	Preferred Provider Benefit			Managed Care		
		Jun-08	Jun-09	May-10	Jun-08	Jun-09	May-10
Retirees	Medicare Single	15,878	16,090	16,253	5	11	13
	Medicare Family	10,622	10,842	11,163	1	9	17
	Medicare Total	26,500	26,932	27,416	6	20	30
	Non Medicare Single	3,168	3,247	3,357	210	222	233
	Non Medicare Family	3,795	3,969	4,099	191	202	197
	Non Medicare Total	6,963	7,216	7,456	401	424	430
	Retiree Total	33,463	34,148	34,872	407	444	460
	Grand Total				33,870	34,592	35,332

B. Changes in Claim Backlog

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

C. Trend Analysis

CCRC Actuaries performed the detailed medical and prescription drugs trend analysis in the report titled, “Detailed Medical and Prescription Drug Claim Trend Report - September 2009”. This report includes the detailed trend analysis of PEIA experience by medical and prescription drugs. Based on the analysis, we have decreased the FY 2010 Non-Medicare medical claim trend to 6.0%. Additionally, due to PEIA’s favorable prescription drug experience, we have reduced our trend assumption for all prescription drugs coverage to 11.0% in FY 2010.

The current projection assumes the trends on the following table:

Claim Type	Previous Assumption FY 2010 Trend	Updated Assumption FY 2010 Trend
Non-Medicare – Medical	7.5%	6.0%
Medicare – Medical	7.5%	6.0%
Non-Medicare – Drugs	12.5%	11.0%
Medicare – Drugs	12.5%	11.0%

In addition, we have assumed that trends will increase by 0.5% in each successive fiscal year beginning in FY 2011. 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 April 2010. 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	3%	-18%	11%	0%	0%
2004	10%	0%	3%	-2%	5%
2005	6%	-2%	16%	1%	8%
2006	6%	5%	11%	17%	9%
2007	6%	1%	6%	6%	5%
2008	N/A	6%	N/A	-13%	N/A
2009	N/A	-1%	N/A	17%	N/A
2010*	N/A	6%	N/A	2%	N/A

* Fiscal Year 2010 results are through the first ten months ending April 2010.

PEIA has contracted with Humana and Coventry to provide MAPD Benefits to Medicare-eligible retired employees and dependents. Under this arrangement, Humana and Coventry has assumed the financial risk of providing comprehensive medical and prescription drug coverage with limited copayments. As a result, Fiscal Year 2008 through 2010 Medicare trends are non-credible.

D. Enrollment, Claim, Expense and Revenue Assumptions

Using aggregate PEIA and Trust Fund paid claim data through April 2010 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 2010 revenue and expenses are summarized in the following chart. It should be noted that the chart reflects per policy information.

Fiscal Year 2010 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 Coventry	27,252					\$ 236
	Non-Medicare	7,575			\$ 633	\$ 250	
	Total	34,827	\$ -	\$ 154			
	Non-Medicare Managed Care	425	\$ -	\$ 553			\$ 1,206
	Total	35,252					

Projected plan revenues and administrative expenses were provided by RHBT. The following chart summarizes the Financial Plan adopted by the Board in December 2009. Non-Medicare retirees premium will be increased by approximately \$2.7 million in Fiscal Year 2010, while Medicare retirees premium will not receive an increase.

Board Decisions – December 2009

Source	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014
Additional Retiree Premiums	\$2,694,586	\$2,500,000	\$8,200,000	\$8,400,000	\$8,600,000
Provider/Benefit Reductions	\$0	\$7,000,000	\$0	\$0	\$0
Pay Go Premium Transfer	\$123,265,857	\$145,671,196	\$172,384,997	\$193,599,815	\$219,522,230
*Actuarial Accrued Liability	\$7,854,000,000	\$8,704,000,000	\$9,643,000,000	\$10,682,000,000	\$11,835,000,000
Funded Status	5.3%	5.1%	4.9%	4.7%	4.6%

*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

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 \$2.4 million in FY 2010 to approximately \$3.2 million in FY 2014, based on the Board's direction and projected retiree enrollment growth in the financial plan.

It should be noted that we have adjusted the Pay Go premium transfers in FY 2010 and later years to cover the investment losses for RHBT. FY 2009 Pay Go premiums have been reduced by approximately 16% in FY 2010. In future years, the Pay Go premium will continue to increase each year based on retiree subsidy for FY 2011 through FY 2014, based on the financial plan approved by the Board in December 2009.

E. Provider Reimbursement Changes

Effective January 1, 2010, PEIA has contracted with Humana and Coventry to provide Medicare Advantage/Prescription Drug Plan ("MAPD") Benefits to Medicare-eligible retired employees and dependents. Under this arrangement, Humana and Coventry has assumed the financial risk of providing comprehensive medical and prescription drug coverage with limited copayments.

FISCAL YEAR 2010 FORECAST

The financial forecast for FY 2010 under the Baseline scenario is presented in the Appendix. The Baseline forecast for FY 2010, projects accrued revenue of \$221,897,197 and incurred plan expenses of \$208,168,441 to produce a fiscal year surplus of \$13,728,756.

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 \$246,317,356 and incurred plan expenses of \$220,694,243 to produce a fiscal year surplus of \$25,623,113.

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 \$283,833,747 and incurred plan expenses of \$271,129,056 to produce a fiscal year surplus of \$12,704,691.

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 \$315,190,243 and incurred plan expenses of \$302,520,429 to produce a fiscal year surplus of \$12,669,814.

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 \$351,641,512 and incurred plan expenses of \$338,971,642 to produce a fiscal year surplus of \$12,669,870.

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 2014. These projections are based on significant MAPD savings effective in FY 2010 and significant revenue increases projected by RHBT 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. On the national level, it would not be surprising to see significant changes in the MAPD program, which will impact Trust Fund financial projections. 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 2010**

PERIOD 7/1/2009 - 6/30/2010

	TRUST Total
<u>Revenues</u>	
Local Agencies - Pay Go Premiums	\$ 19,079,419
State Agencies Employers - Pay Go Premiums	85,156,276
State Agencies Employees - Pay Go Premiums	21,944,606
Retiree Premiums - PPB	64,230,055
Retiree Premiums - MCO	2,822,332
Non Par Premiums	3,141,475
Investment Income	25,523,034
Total Revenue	\$ 221,897,197
<u>Program Expenses</u>	
Non-Medicare Medical Claims	\$ 57,508,988
Non-Medicare Prescription Drug Claims	22,754,871
Medicare Medical Claims	5,405,892
Medicare Prescription Drug Claims	4,123,497
Non-Medicare Managed Care Capitations	6,148,733
MAPD Capitations	102,899,551
Administration	5,976,509
Life Insurance	904,333
Retiree Assistance Program	2,368,081
Director's Discretionary Fund	77,986
Total Expenses	\$ 208,168,441
Fiscal Year Results	\$ 13,728,756
Beginning Plan Reserve	397,414,286
Ending Plan Reserve	\$ 411,143,042
Accrued Actuarial Liability (AAL)	\$ 7,854,000,000
Funded Status	5.2%

KEY ASSUMPTIONS

Pay Go Monthly Premium	\$ 139.69	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 2,694,586	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
		Non-Medicare	6.0%	11.0%
		Medicare	6.0%	11.0%
		Capitations		13.3%
		Administrative Expense		5.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		-15.9%

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	\$ 22,026,590
State Agencies Employers - Pay Go Premiums	98,333,555
State Agencies Employees - Pay Go Premiums	25,311,051
Retiree Premiums - PPB	66,910,622
Retiree Premiums - MCO	2,940,119
Non Par Premiums	3,518,452
Investment Income	27,276,967
Total Revenue	\$ 246,317,356
<u>Program Expenses</u>	
Non-Medicare Medical Claims	\$ 55,058,874
Non-Medicare Prescription Drug Claims	23,191,833
Medicare Medical Claims	5,605,094
Medicare Prescription Drug Claims	4,167,710
Non-Medicare Managed Care Capitations	6,640,632
MAPD Capitations	115,954,079
Administration	6,275,334
Life Insurance	949,550
Retiree Assistance Program	2,557,527
Director's Discretionary Fund	293,610
Total Expenses	\$ 220,694,243
Fiscal Year Results	\$ 25,623,113
Beginning Plan Reserve	411,143,042
Ending Plan Reserve	\$ 436,766,155
Accrued Actuarial Liability (AAL)	\$ 8,704,000,000
Funded Status	5.0%

KEY ASSUMPTIONS

Pay Go Monthly Premium	\$ 161.27	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 2,500,000	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
		Non-Medicare	6.5%	11.5%
		Medicare	6.5%	11.5%
		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	\$ 26,065,920
State Agencies Employers - Pay Go Premiums	116,429,971
State Agencies Employees - Pay Go Premiums	29,889,106
Retiree Premiums - PPB	75,200,439
Retiree Premiums - MCO	3,304,382
Non Par Premiums	3,940,666
Investment Income	29,003,263
Total Revenue	\$ 283,833,747
<u>Program Expenses</u>	
Non-Medicare Medical Claims	\$ 62,602,983
Non-Medicare Prescription Drug Claims	27,737,381
Medicare Medical Claims	74,125,839
Medicare Prescription Drug Claims	85,831,991
Non-Medicare Managed Care Capitations	7,171,883
MAPD Capitations	-
Administration	9,589,101
Life Insurance	997,027
Retiree Assistance Program	2,762,130
Director's Discretionary Fund	310,721
Total Expenses	\$ 271,129,056
Fiscal Year Results	\$ 12,704,691
Beginning Plan Reserve	436,766,155
Ending Plan Reserve	\$ 449,470,846
Accrued Actuarial Liability (AAL)	\$ 9,643,000,000
Funded Status	4.7%

KEY ASSUMPTIONS

Pay Go Monthly Premium	\$ 190.84	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 8,100,000	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
		Non-Medicare	7.0%	12.0%
		Medicare	7.0%	12.0%
		Capitations		8.0%
		Administrative Expense		5.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		18.3%

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	\$ 29,273,761
State Agencies Employers - Pay Go Premiums	130,826,566
State Agencies Employees - Pay Go Premiums	33,499,488
Retiree Premiums - PPB	83,606,578
Retiree Premiums - MCO	3,673,756
Non Par Premiums	4,413,546
Investment Income	29,896,548
Total Revenue	\$ 315,190,243
<u>Program Expenses</u>	
Non-Medicare Medical Claims	\$ 71,248,680
Non-Medicare Prescription Drug Claims	33,179,669
Medicare Medical Claims	79,533,492
Medicare Prescription Drug Claims	96,386,818
Non-Medicare Managed Care Capitations	7,745,633
MAPD Capitations	-
Administration	10,068,556
Life Insurance	1,046,878
Retiree Assistance Program	2,983,100
Director's Discretionary Fund	327,603
Total Expenses	\$ 302,520,429
Fiscal Year Results	\$ 12,669,814
Beginning Plan Reserve	449,470,846
Ending Plan Reserve	\$ 462,140,660
Accrued Actuarial Liability (AAL)	\$ 10,682,000,000
Funded Status	4.3%

KEY ASSUMPTIONS

Pay Go Monthly Premium	\$ 214.33	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 8,200,000	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
		Non-Medicare	7.5%	12.5%
		Medicare	7.5%	12.5%
		Capitations		8.0%
		Administrative Expense		5.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		12.3%

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	\$ 33,193,427
State Agencies Employers - Pay Go Premiums	148,398,995
State Agencies Employees - Pay Go Premiums	37,929,807
Retiree Premiums - PPB	92,324,300
Retiree Premiums - MCO	4,056,821
Non Par Premiums	4,943,172
Investment Income	30,794,990
Total Revenue	\$ 351,641,512
<u>Program Expenses</u>	
Non-Medicare Medical Claims	\$ 81,197,718
Non-Medicare Prescription Drug Claims	39,716,269
Medicare Medical Claims	85,733,463
Medicare Prescription Drug Claims	108,721,689
Non-Medicare Managed Care Capitations	8,365,284
MAPD Capitations	-
Administration	10,571,984
Life Insurance	1,099,222
Retiree Assistance Program	3,221,748
Director's Discretionary Fund	344,265
Total Expenses	\$ 338,971,642
Fiscal Year Results	\$ 12,669,870
Beginning Plan Reserve	462,140,660
Ending Plan Reserve	\$ 474,810,530
Accrued Actuarial Liability (AAL)	\$ 11,835,000,000
Funded Status	4.0%

KEY ASSUMPTIONS

Pay Go Monthly Premium	\$ 243.03	Claim and Other Expense Trends		
Additional Retiree Premiums	\$ 8,500,000	<u>Eligibility</u>	<u>Medical</u>	<u>Drugs</u>
		Non-Medicare	8.0%	13.0%
		Medicare	8.0%	13.0%
		Capitations		8.0%
		Administrative Expense		5.0%
Number of Net New Retirees	1,000	Pay Go Monthly Premium		13.4%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2008 to FY 2010**

Fiscal Year 2008

Exposure

	<u>Jul-07</u>	<u>Aug-07</u>	<u>Sep-07</u>	<u>Oct-07</u>	<u>Nov-07</u>	<u>Dec-07</u>	<u>Jan-08</u>	<u>Feb-08</u>	<u>Mar-08</u>	<u>Apr-08</u>	<u>May-08</u>	<u>Jun-08</u>
NonMed_NonDrug	16,517	17,132	17,058	17,191	17,185	17,061	17,040	17,025	17,009	17,582	17,456	17,210
Med_NonDrug	347	445	545	403	403	614	913	1,048	1,269	1,568	1,787	1,947
NonMed_Drug	15,304	15,874	15,805	15,928	15,920	15,807	15,785	15,770	15,755	16,301	16,186	15,957
Med_Drug	362	463	568	420	420	640	951	1,092	1,322	1,633	1,862	2,028

	<u>Jul-07</u>	<u>Aug-07</u>	<u>Sep-07</u>	<u>Oct-07</u>	<u>Nov-07</u>	<u>Dec-07</u>	<u>Jan-08</u>	<u>Feb-08</u>	<u>Mar-08</u>	<u>Apr-08</u>	<u>May-08</u>	<u>Jun-08</u>
NonMed_NonDrug	\$185.56	\$214.66	\$179.18	\$247.91	\$205.47	\$205.88	\$264.73	\$249.47	\$258.96	\$252.27	\$256.85	\$253.51
Med_NonDrug	39.08	71.73	43.99	89.30	165.51	125.02	220.06	122.28	139.93	132.31	131.23	110.90
NonMed_Drug	66.83	94.88	71.39	81.08	98.39	97.72	110.77	102.30	-15.87	101.74	102.44	112.83
Med_Drug	<u>1340.63</u>	<u>70.62</u>	<u>89.72</u>	<u>99.67</u>	<u>180.22</u>	<u>180.16</u>	<u>181.56</u>	<u>164.58</u>	<u>193.67</u>	<u>166.61</u>	<u>169.45</u>	<u>173.95</u>
Total	\$1,632.10	\$451.89	\$384.29	\$517.96	\$649.58	\$608.77	\$777.12	\$638.63	\$576.68	\$652.93	\$659.97	\$651.20

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	5.0%	0.3%	-2.9%	24.6%	0.1%	-12.1%	6.3%	21.2%	14.3%	4.5%	7.2%	7.5%
Med_NonDrug	-64.4%	-41.7%	-61.9%	-28.0%	40.2%	0.9%	31.4%	-3.3%	-2.7%	-0.8%	-3.5%	-13.6%
NonMed_Drug	20.4%	-7.8%	-32.5%	-25.7%	-10.0%	-18.3%	-2.1%	1.6%	-113.8%	-6.8%	-9.0%	4.4%
Med_Drug	<u>1240.7%</u>	<u>-63.2%</u>	<u>-51.6%</u>	<u>-49.5%</u>	<u>-7.2%</u>	<u>-15.1%</u>	<u>-10.7%</u>	<u>-9.8%</u>	<u>-6.8%</u>	<u>-16.4%</u>	<u>-18.2%</u>	<u>-23.2%</u>
Total	269.2%	-28.5%	-35.0%	-17.7%	3.6%	-11.8%	6.0%	3.7%	-16.8%	-4.4%	-5.1%	-6.8%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug		0.7%				3.3%			13.4%			6.4%
Med_NonDrug			-55.6%			3.8%			10.2%			-5.8%
NonMed_Drug			-11.8%			-18.0%			-40.0%			-3.9%
Med_Drug			<u>214.7%</u>			<u>-23.8%</u>			<u>-9.1%</u>			<u>-19.4%</u>
Total			48.3%			-8.7%			-2.4%			-5.4%

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug			3.5%			3.6%			6.7%			6.2%
Med_NonDrug			-8.7%			-9.3%			-7.4%			-10.2%
NonMed_Drug			0.7%			-6.8%			-18.3%			-18.7%
Med_Drug			<u>52.8%</u>			<u>43.0%</u>			<u>38.4%</u>			<u>30.5%</u>
Total			15.1%			10.9%			9.2%			6.1%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2008 to FY 2010**

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	\$199.26	\$205.98	\$214.48	\$215.98	\$197.66	\$195.80	\$246.94	\$233.64	\$267.68	\$250.70	\$243.45	\$265.55
Med_NonDrug	139.15	264.79	259.10	265.28	219.45	264.81	283.15	248.18	324.18	233.64	194.89	195.44
NonMed_Drug	72.31	89.81	95.85	105.82	96.03	106.04	105.73	96.04	108.56	104.58	102.99	118.82
Med_Drug	<u>92.42</u>	<u>140.63</u>	<u>175.79</u>	<u>171.96</u>	<u>158.75</u>	<u>199.96</u>	<u>178.72</u>	<u>162.37</u>	<u>190.21</u>	<u>165.71</u>	<u>179.52</u>	<u>202.12</u>
Total	\$503.14	\$701.21	\$745.21	\$759.04	\$671.88	\$766.61	\$814.54	\$740.22	\$890.63	\$754.63	\$720.86	\$781.94

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	7.4%	-4.0%	19.7%	-12.9%	-3.8%	-4.9%	-6.7%	-6.3%	3.4%	-0.6%	-5.2%	4.8%
Med_NonDrug	256.0%	269.1%	488.9%	197.1%	32.6%	111.8%	28.7%	103.0%	131.7%	76.6%	48.5%	76.2%
NonMed_Drug	8.2%	-5.3%	34.2%	30.5%	-2.4%	8.5%	-4.6%	-6.1%	-783.9%	2.8%	0.5%	5.3%
Med_Drug	<u>-93.1%</u>	<u>99.1%</u>	<u>95.9%</u>	<u>72.5%</u>	<u>-11.9%</u>	<u>11.0%</u>	<u>-1.6%</u>	<u>-1.3%</u>	<u>-1.8%</u>	<u>-0.5%</u>	<u>5.9%</u>	<u>16.2%</u>
Total	-69.2%	55.2%	93.9%	46.5%	3.4%	25.9%	4.8%	15.9%	54.4%	15.6%	9.2%	20.1%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug		7.0%				-7.6%			-3.2%			-0.4%
Med_NonDrug			328.3%			97.3%			77.4%			66.6%
NonMed_Drug			10.7%			11.1%			57.4%			3.0%
Med_Drug			<u>-72.8%</u>			<u>15.3%</u>			<u>-1.6%</u>			<u>7.3%</u>
Total			-21.0%			23.7%			22.7%			14.9%

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug			7.6%			4.8%			0.4%			-1.3%
Med_NonDrug			40.1%			65.6%			86.8%			107.9%
NonMed_Drug			-14.7%			-7.6%			15.0%			17.4%
Med_Drug			<u>-42.4%</u>			<u>-37.6%</u>			<u>-36.8%</u>			<u>-33.0%</u>
Total			-10.0%			-3.1%			2.9%			7.9%

**Attachment - Trust Fund
Historical Monthly Medical and Drug Trends
FY 2008 to FY 2010**

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>
NonMed_NonDrug	18,470	19,167	19,133	18,994	19,016	18,991	18,968	18,857	18,836	18,739
Med_NonDrug	983	1,130	1,348	1,375	1,664	1,848	2,042	2,259	2,392	2,392
NonMed_Drug	17,122	17,761	17,731	17,606	17,625	17,600	17,580	17,478	17,459	17,370
Med_Drug	1,024	1,177	1,404	1,432	1,733	1,925	2,127	2,353	2,492	2,492

	<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>
NonMed_NonDrug	\$246.04	\$187.64	\$201.69	\$247.45	\$227.51	\$232.89	\$232.28	\$266.87	\$290.97	\$248.62
Med_NonDrug	296.29	257.45	228.15	233.16	201.18	208.92	283.28	255.25	261.85	263.12
NonMed_Drug	75.54	92.85	101.93	103.70	101.03	111.09	102.74	100.21	122.73	91.12
Med_Drug	<u>110.17</u>	<u>146.42</u>	<u>161.09</u>	<u>180.43</u>	<u>146.41</u>	<u>174.81</u>	<u>160.74</u>	<u>159.49</u>	<u>179.62</u>	<u>224.30</u>
Total	\$728.04	\$684.36	\$692.85	\$764.74	\$676.14	\$727.71	\$779.03	\$781.82	\$855.16	\$827.16

Change From Prior Year - Month to Month Analysis

NonMed_NonDrug	23.5%	-8.9%	-6.0%	14.6%	15.1%	18.9%	-5.9%	14.2%	8.7%	-0.8%
Med_NonDrug	112.9%	-2.8%	-11.9%	-12.1%	-8.3%	-21.1%	0.0%	2.9%	-19.2%	12.6%
NonMed_Drug	4.5%	3.4%	6.3%	-2.0%	5.2%	4.8%	-2.8%	4.3%	13.1%	-12.9%
Med_Drug	<u>19.2%</u>	<u>4.1%</u>	<u>-8.4%</u>	<u>4.9%</u>	<u>-7.8%</u>	<u>-12.6%</u>	<u>-10.1%</u>	<u>-1.8%</u>	<u>-5.6%</u>	<u>35.4%</u>
Total	44.7%	-2.4%	-7.0%	0.8%	0.6%	-5.1%	-4.4%	5.6%	-4.0%	9.6%

Change From Prior Year - Quarter to Quarter Analysis

NonMed_NonDrug	2.5%					16.1%			5.6%	
Med_NonDrug			17.9%			-14.2%			-6.4%	
NonMed_Drug			4.8%			2.6%			4.9%	
Med_Drug			<u>2.2%</u>			<u>-5.5%</u>			<u>-5.9%</u>	
Total			8.0%			-1.3%			-1.2%	

Change From Prior Year - Year to Year Analysis

NonMed_NonDrug	-2.2%					3.1%			5.6%	
Med_NonDrug			58.5%			28.0%			7.8%	
NonMed_Drug			15.8%			13.2%			3.8%	
Med_Drug			<u>5.6%</u>			<u>0.4%</u>			<u>-0.7%</u>	
Total			17.2%			10.8%			4.6%	