

Teachers' Retirement System of the State of Kentucky

KRTA Annual Convention

April 26, 2022

Gary L. Harbin, CPA Executive Secretary

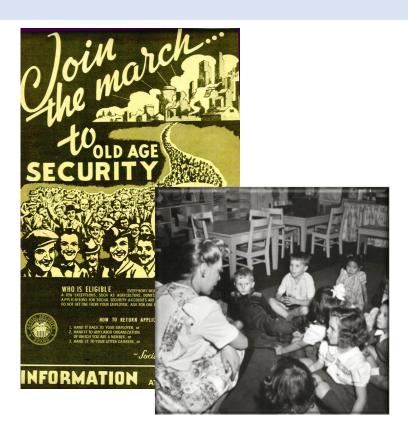
Doing It Right

What That Means at TRS



Providing security for Kentucky's retired teachers using a long-term investing process proven and refined over decades, avoiding the whims of the day, to achieve top returns on investments at the lowest costs.

History





TRS Early History

Social Security created

Teachers not covered because of constitutional concerns about federal taxing state and local governments

TRS established

By General Assembly in special session

TRS opens

After initial funding received

1935

1936

1938

1940

1950s

University of Kentucky study

Finds state's teachers can't afford to retire, and that Kentucky had trouble attracting and retaining teachers

Social Security expands

Some states and groups – including Kentucky teachers – do not enter because of added cost of Social Security; universities vote to opt into Social Security

Consistency

Number of founding members of TRS receiving a benefit as of June who were members when the doors opened July 1, 1940

10



Executive Secretaries

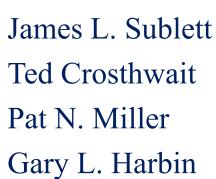


N.O. Kimbler 1940-1957











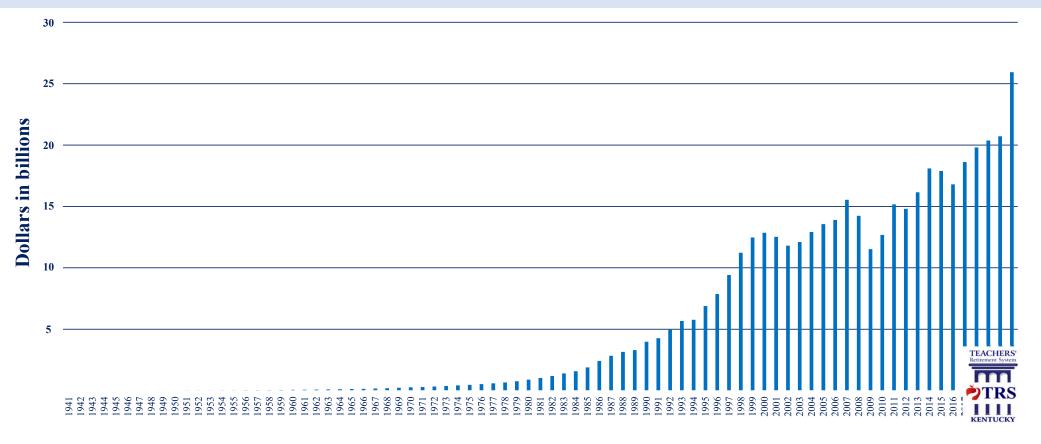






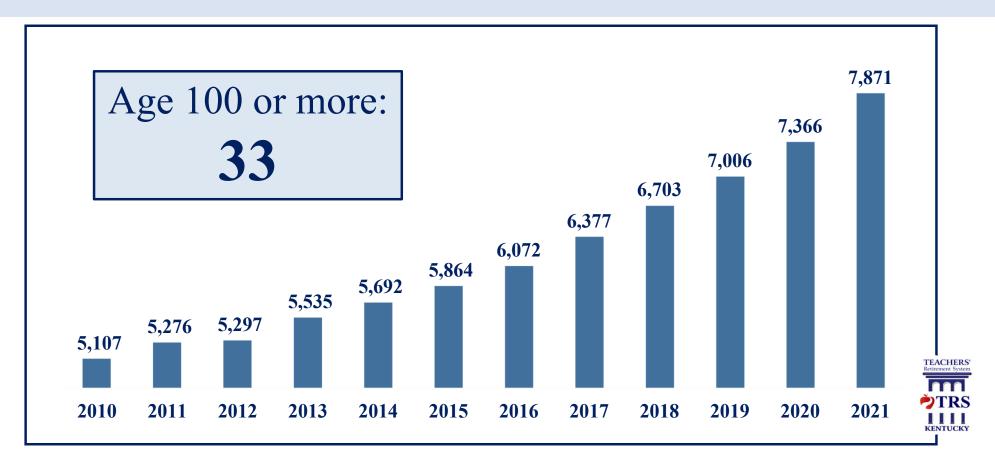
How Has It Worked For TRS?

Retirement Annuity Assets Over 82 Years



TRS Benefits Protect Teachers

Retirees over 80 as of Dec. 31



Retired Teachers' Benefit Kentucky

- TRS pays retired teachers:
 - \$209.6 million in retirement annuity benefits (July 2021)
 - \$16.6 million in medical benefits (monthly average)
- 91% of TRS pension benefits stay in Kentucky
- 88% of TRS retirees live in Kentucky
- \$2 billion a year paid into Kentucky's economy because of pension benefits

Board of Trustees

Fiduciaries of TRS



ALISON WRIGHT Chair, Georgetown



GRITTON
Vice Chair, Union



BILL ALVERSON Paris



ALLISON BALL State Treasurer



JOHN BOARDMAN Lexington



FRANK
COLLECCHIA
Louisville



JASON
GLASS, Ed.D.
Education
Commissioner



BRENDA MCGOWN Bowling Green



LYNN
PATTERSON, Ed.D.
Murray



LAURA SCHNEIDER Walton



JOSH UNDERWOOD Tollesboro

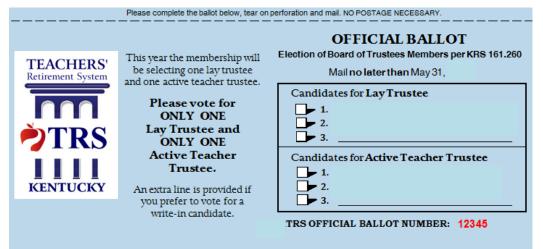


Trustee Elections Each Spring

April



May



All contributing members and retirees have the privilege to vote









This Year's Elections

Active Teacher Trustee

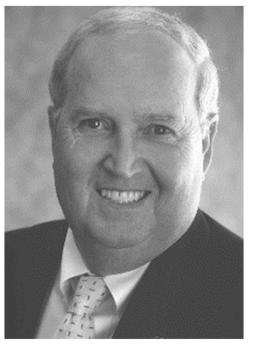


Dr. Ben Littlepage



Dr. Denise Vulhop Watkins

Lay Trustee



Hollis Gritton



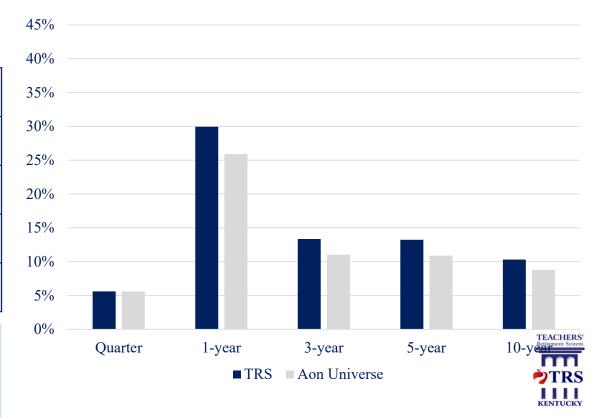
Paul Bruce Proky

Investment Performance

Retirement Annuity Trust Gross Returns as of June 30, 2021

	TRS	Aon Rank
1-year	29.94%	Top 22%
3-year	13.34%	Top 7%
5-year	13.23%	Top 3%
10-year	10.32%	Top 4%
20-year	7.53%	N/A

30-year compounded 8.59%



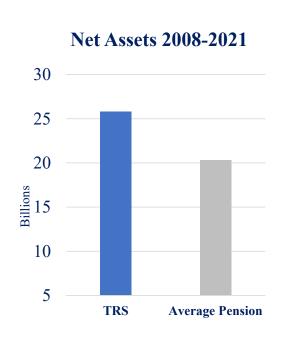
Investment Performance

Top 10 Returns

Rank	Year	Return
1	2021	29.94%
2	2011	21.60%
3	1997	19.60%
4	1998	19.40%
5	2014	18.10%
6	1995	16.90%
7	2017	15.37%
8	2007	15.30%
9	2013	14.10%
10	1996	13.50%



Investment Performance



From 2008 to June 2021, TRS investment returns resulted in net assets of \$25.8 billion, compared to the average plan's \$20.4 billion.

This outperformance generated \$5.4 billion to the benefit of Kentucky's teachers and taxpayers.

Actuarial Status

As of June 30, 2021



Dollars in billions

	Assets	Liabilities	Unfunded	Percent
Retirement Annuity Trust	\$ 22.6	\$ 39.6	\$ 17.0	57.2%

Actuarial values



Funding Decisions

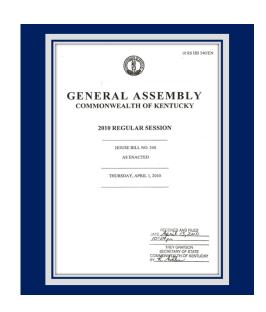
2022-24 Biennial Budget

- Means eight straight years of full or nearly full annuity funding
- More than \$1.36 billion to meet actuarially required contribution for annuities
 - About \$900 million more to TRS in salary contributions from education budget
- \$149 million for state statutory contribution for under-65 health insurance under Shared Responsibility
- \$479.2 million to pay off liabilities for certain previously awarded benefits that had been amortized over several years
- \$78 million up front for sick leave-related annuity liabilities projected occur from retirements in next two years

Shared Responsibility

In Second Decade

Shared solution providing permanent funding for retiree health care

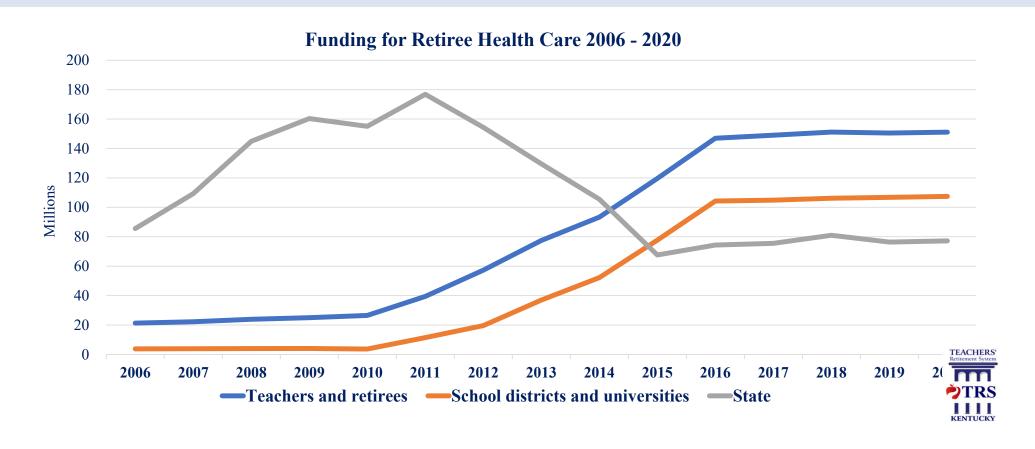






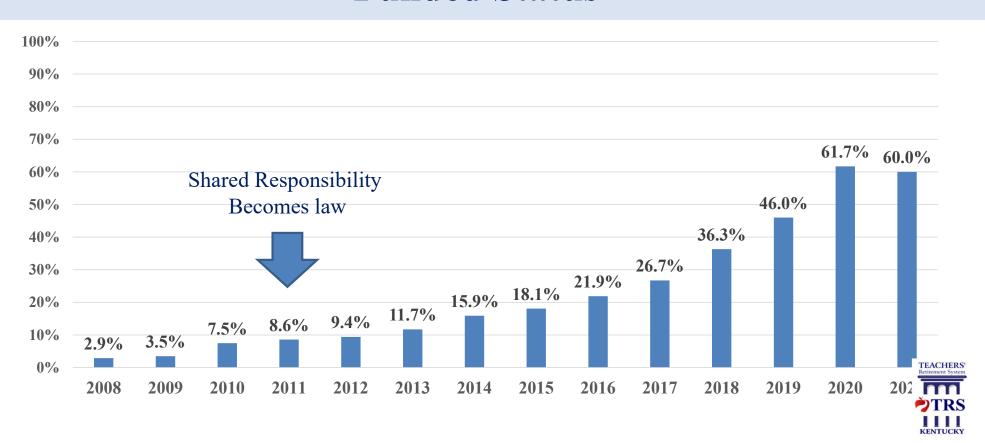
Shared Responsibility

How the Cost Has Been Shared



TRS Health Insurance

Funded Status



Premiums

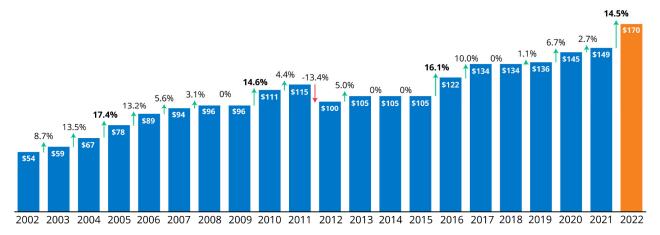


Premiums Held Almost Constant For 20 Years

Medicare Part B History

The Medicare Part B Premium Rose to \$170.10 per Month in 2022

14.5% Increase is Among the Largest in Program History



NOTE: Monthly premiums are rounded in this exhibit. SOURCE: KFF analysis of the 2021 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds and CMS, "Medicare Program; Medicare Part B Monthly Actuarial Rates, Premium Rates, and Annual Deductible Beginning January 1, 2022," 86 Federal Register 64205, November 17, 2021.



Source: Kaiser Family Foundation



Formulary Change

- Based on recent and projected prescription costs increases
- New formulary already used by University of Kentucky retirees
- The new formulary offers medication for everything that the old formulary did.



KEHP

MEHP

Personalized Medicine

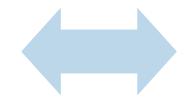


TRS Solution: Personalized Medicine Partnership



You Your Doctor Your Pharmacist









Personalized Medicine

Why It Works

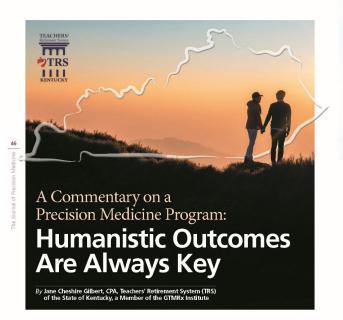
- Helps avoid taking ineffective medications that even could be fatal
- Saves money for retirees and their insurance trust
- Uses DNA testing to help doctors making treatment decisions
- Results help make sure medications are beneficial from the start
- Avoids traditional trial-and-error process without DNA information



Personalized Medicine

Genetic Testing Wellness Program Gets National Attention

Journal of Precision Medicine



GTMRx and TRS Kentucky

Precision medicine meets personalized medicine in cases like the TRS retiree (quoted in #1) who voluntarily submitted a saliva sample for testing. Such a simple act, one of the many by TRS retirees yields long-term returns on the scientific and nancial investments made by TRS to achieve its precision medicine goals. Moreover, TRS puts

Iturnal of Precision Medicine | Volume 7 | Issue 2 | June 20

people express in their own words how precision cience benefits them. Are there any better words a pharmacist or doctor could hear? Or for those inside the pharmacogenomics research world an academia? Or, for that matter, the director of retiree health care for Kentucky's retired teachers? virtual presentations on this program to others

drug cost containment and precise use of science that now is well over a decade old. In addition administrators at the National Institutes of Health in Rethesda, Maryland: attendees at the Harvard in Massachusetts, and, now, readers of

#3 A deep dive into our population discovered that 84% of retirees are on medications that are influenced by genetics. Medicare-eligible retirees were on an average of 15 prescriptions. Roughly 75% of the population had high blood pressure, 58% had high cholesterol and 50% were suffering from pain and inflammation. Using de-identified claims information, the PGx vendor provided an in-depth analysis of the possible return on investment with the program which found: 10% of members should stop taking a prescription immediately (potential savings: \$1.7 million), 57% of members might need to adjust dosage (potential savings: \$10 million) and 33% of members have a better alternative medication available.

Doctor-Patient Reports and Consultations

CLS develops a personalized medicine report that includes the relevant genetic data as well as known drug-drug interactions, lifestyle factors and other relevant information. TRS made sure that if a retired teacher wanted to have their DNA communicate the results to the patient in language they understood. Pharmacists have developed medication action plans for the 7,800 program enrollees. Both the patient and the physician receive a conv of the plans, which explains the results of the

esting and the pharmacist's recommendations.

After these conversations with patients, the pharmacists then reach out to the prescribing physician, with the patient's permission, and discuss the recommended medication changes And those recommendations are taken seriously The physicians' acceptance of the initiative is gratifying and astounding – and key to validating the program. Prescribing physician almost universally accepted the pharmacists' recommendations — 89% of the time. Like the retirees, physicians were generally appreciative TRS heard a lot of positive feedback, such as "you're helping me become a better doctor, to take better care of my patients and to be able to

prescribe the right drug at the right time for them."

Of the medication action plans delivered for those enrolled in the program, 64% resulted in medication changes. Over 40% of the suggested medication changes are directly related to DNA-drue interactions. The rest are the result of what CLS calls the "halo effect" of working with

and consistently contributed to the program's successful launch. The overarching message: TRS is making smarter use of the health care dollar through the program because taking medications that do not work is had for the member's health and for the TRS health

include identifying drug-to-drug interactions, side effects and other issues.

known as fitrating and playing with the dosage. In keeping with GTMRx, TRS hopes the medication is right the first time, saving member considerable pain and suffering and saving the plan

According to CLS, costs grew 12% faster for those not enrolled in the PGx program than enrollees, based on charged amounts for medical claims at an 18-month evaluation. About \$12 was saved on charged claims for every \$1 spent on

Despite these initial results, PGx still faces resistance - in no small part from the

companies, including UnitedHealthcare, have incorporated the use of PGx to include, for example, reimbursement for certain patients cumulation of data and the weight of evidence

are met. Second, on the insurer side, some large

will dictate that PGx becomes the standard so that patients are not on a drug that is ineffective or unsafe for months or years.

To implement PGx, engage your medical plan carrier and your pharmacy benefits manager (PBM) in this conversation. PBMs will see the value in lives saved, improved health outcomes and reduced costs: PBMs will come to recognize through comprehensive medication managemen (CMM).84 Introducing a pharmacist who works

#5 TRS heard a lot of positive feedback, such as "you're helping me become a better doctor, to take better care of my patients and to be able to prescribe the right drug at the right time for them"

> in collaborative practice with the physician to target correct therapies reduces the trial and error approach to prescribing. And TRS's experience provides a path toward getting there as a widespread, accepted standard of care.

Resources are available to guide those new to hese concepts. In April, the GTMRx Institute released the GTMRx Employer Toolkit.3 a suite of resources to equip employers with the knowledge to manage and control medication therapy problems more effectively through their pharmac benefit programs and medical carriers. The toolkit is designed to help educate, guide and assist

employers as they work with solution providers A pharmacist-led, person-centered, team-based, standardized and rational approach to medication use empowers employees to leverage PGx testing and moves us all toward a more precise and personalized care process.

TRS continues to educate Medicare Advantage carriers and PBMs of the need for PGx inside these federal programs. Including PGx in Medicare Advantage and Medicare Part D would help to control the TRS Medicare Eligible is \$178, down \$54 (not adjusted for inflation) from 20 years ago due to increased federal revenue

federal programs. PGx, if included in these federa orograms, would bring greater cost efficiency. In the end, the most rewarding part of the

program, as indicated earlier, is not only the medication change that results from the testing and or the dollars saved, it is also the reaction o Kentucky's retired teachers who take part in the program and the thanks TRS receives for actually

The story will get better because this wellness and savings program is a lifetime benefit for each Kentucky retired teacher who volunteered to provide a DNA sample. Testing results that already have paid dividends for the retirees and their health plan can continue to inform every aspect of their pharmaceutical treatment for the rest of their lives.









the pharmacists and, for example, switching to a generic. Other examples from this medicat therapy management process – in which the pharmacist spends about an hour with a patient

insurance fund.

The process of "test, report, consult" avoids the possibly fatal trial-and-error type of prescribing

and the large payers in the nation, especially thos inside of Medicare Advantage and Medicare Part D. begin paying routinely as they do with any other

have recently been seen. On the regulatory side, Medicare made a recent local coverage

way as always. The DNA testing and medication management counseling was not reimbursable,

so the TRS health insurance trust fund decided to

cover the costs. Ideally, that will be a short-term solution as reimbursement improves. The goal

is that this approach becomes a standard of care.

Personalized Medicine

Peer-Reviewed Initial Results Receive Attention



- 66% had genetic risks detected in a current medication
- 14.9% reduction in inpatient visits
- 6.8% reduction in emergency room visits
- \$37 million savings in direct medical charges over 32 months

Personalized Medicine

Peer-Reviewed Initial Results Receive Attention



- \$37 million savings in direct medical charges over 32 months
- 66% had genetic risks detected in a currently prescribed medication
- 14.9% reduction in inpatient visits
- 6.8% reduction in emergency room visits
- \$218 savings a month per member, which equates to \$7,000 a member
- Return on investment of about 1,422%

Personalized Medicine

One Retiree's Story

I am *so grateful* for the information that was given to me and my physician. I was taking metropolol for my *heart condition*. Your tests showed that it *stayed too long in my system*. I sometimes had the feeling that I was on the verge of *fainting*. I *had not had that feeling since I started taking the new suggested medication*. I thank you from the bottom of my heart.

- Member, Teachers' Retirement System of the State of Kent



KEHP

MEHP

Personalized Medicine

How to Sign Up



MEHP enrollees can contact Coriell at 888-454-9024 or www.coriell.com/trs to request free DNA kit.



Non-Medicare KEHP enrollees can contact Coriell and use HRA funds to pay the \$360 cost.







MEHP KEHP

Personalized Medicine

Reaching Further After Success of Pharmacogenomics



Pharmacogenomics Fall 2017



2021



Breast Cancer Index Possible Non-Small Cell Lung Cancer 2022

What's Jane Say

If Some Old Quarterback Says You Need More Coverage ...

Tell Joe (and others like him), 66No! 99

If you are enrolled in the TRS Medicare Eligible Health Plan (MEHP), enrolling in another Medicare Advantage plan would "dynomite" your TRS MEHP coverage.





TRS and You

Updates

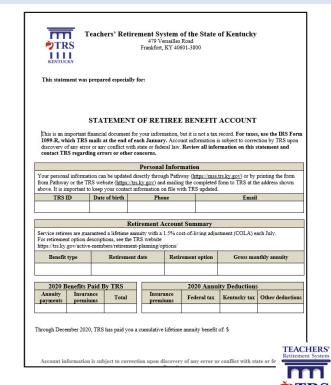
- Retiree Annual Statements
- Pathway
- How TRS communicates with you
- Why we continue to take precautions
- TRS 4 and branding launched



Retiree Annual Statements

Summarizes

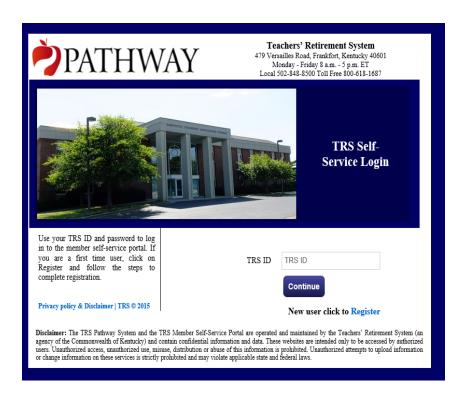
- Personal information on file with TRS
- How to update that
- Annuity benefits received
- Federal and Kentucky state tax withholding
- How to change withholding
- Retiree health insurance
- Beneficiary information
- Annuity automatic deposit information
- Payment dates



Don't return with changes; using appropriate form or Pathway (https://mss.trs.ky.gov)

Using Pathway

Real-time online access to account information



Pathway: https://mss.trs.ky.gov

Links on any TRS website page

App: TRS Pathway

Download







What You Can Do in Pathway

- Edit or view personal information
- View active or payee account details
- Submit a request
- View schedule of upcoming seminars and webinars
- Vote in annual trustee elections
- Find links to TRS forms
- Create or view retirement benefit estimates
- Submit applications for retirement or health insurance



TRS Keeping In Touch

News & Information







https://trs.ky.gov

facebook.com/KyTeachersRS

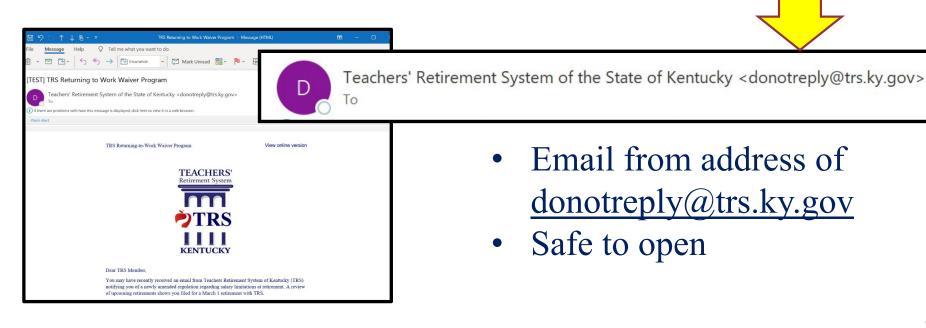








Direct Emails





- Email from address of donotreply@trs.ky.gov
- Safe to open



TRS Response to Coronavirus

Reaching Out to Members

TRS must ensure legally mandated benefits are paid on time. To meet that duty and because TRS has a small staff that works closely together, the virus, especially new variants, remains a concern. This is why popular and easier methods for members used during the pandemic continue to be used now.



Video counseling



Retirements can be handled through Pathway



Webinars



TRS 4 Commences

Who Is In TRS 4?

Applies only to new members who enter on or after Jan. 1, 2022



TRS Account Types

TRS has four account types delineated by entry date

TRS 1

Entry before July 1, 2002

TRS 2

Entry on or between
July 1, 2002, and
June 30, 2008

TRS 3

Entry on or between
July 1, 2008, and Dec. 31, 2021

TRS 4

Entry on or after Jan. 1, 2022



Doing It Right

What That Means at TRS



Providing security for Kentucky's retired teachers using a long-term investing process proven and refined over decades, avoiding the whims of the day, to achieve top returns on investments at the lowest costs.



Our Members Come First!

800-618-1687

8 a.m. – 5 p.m. ET Monday – Friday

info@trs.ky.gov https://trs.ky.gov

Protecting & Preserving Teachers' Retirement Benefits