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# **REGULAR MEETING OF THE BOARD OF DIRECTORS**



**January 6, 2026**

**9:30 AM**

**CNM Workforce Training Center  
5600 Eagle Rock Ave NE, Albuquerque, NM 87113**

**Online: <https://meet.goto.com/NMRHCA/boardmeeting>**

**Telephone: 1-224-501-3412 / Access Code: 724-176-285**

New Mexico Retire Health Care Authority

Regular Meeting

**BOARD OF DIRECTORS**

**ROLL CALL**

**January 6, 2026**

	<b>Member in Attendance</b>		
Dr. Lee Caruana, President			
Dr. Tomas Salazar, Vice President			
Lance Pyle, Secretary			
Laura Montoya			
Raquel Alirez			
Dr. Gerry Washburn			
Donna Sandoval			
Therese Saunders			
Alex Castillo-Smith			
Renee Garcia			
Kate Brassington			

## NMRHCA BOARD OF DIRECTORS

JANUARY 2026

<p>Dr. Lee Caruana, MD Retired Public Employees of NM <a href="mailto:leecaruana13@gmail.com">leecaruana13@gmail.com</a></p>	<p>Donna Sandoval NM Municipal League 100 Marquette Ave City/County Building Albuquerque, NM 87102 <a href="mailto:donnasandoval@cabq.gov">donnasandoval@cabq.gov</a> 505-768-2975</p>
<p>Dr. Tomas E. Salazar, PhD, Vice President NM Assoc. of Educational Retirees PO Box 66 Las Vegas, NM 87701 <a href="mailto:salazarte@plateautel.net">salazarte@plateautel.net</a> 505-429-2206</p>	<p>Therese Saunders, President NEA-NM, Classroom Teachers Assoc., &amp; NM Federation of Educational Employees 5811 Brahma Dr. NW Albuquerque, NM 87120 <a href="mailto:tsaunders3@mac.com">tsaunders3@mac.com</a> 505-934-3058</p>
<p>Lance Pyle, Secretary NM Association of Counties Curry County Administration 417 Gidding, Suite 100 Clovis, NM 88101 <a href="mailto:lpyle@currycounty.org">lpyle@currycounty.org</a> 575-763-3656</p>	<p>Alex Castillo Smith Deputy Cabinet Secretary NM Health Care Authority PO Box 2348 Santa Fe, NM 87504 <a href="mailto:alex.castillosmith@hca.nm.gov">alex.castillosmith@hca.nm.gov</a> 505-629-8652</p>
<p>The Honorable Ms. Laura M. Montoya NM State Treasurer 2055 South Pacheco Street Suite 100 &amp; 200 Santa Fe, NM 87505 <a href="mailto:laura.montoya@sto.nm.gov">laura.montoya@sto.nm.gov</a> 505-955-1120</p>	<p>Renee Garcia Alternate for ERB Executive Director Educational Retirement Board PO Box 26129 Santa Fe, NM 87502-0129 <a href="mailto:renee.garcia@erb.nm.gov">renee.garcia@erb.nm.gov</a> 505-531-9885</p>
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Regular Meeting of the  
NEW MEXICO RETIREE HEALTH CARE AUTHORITY  
BOARD OF DIRECTORS

January 6, 2026  
9:30 AM

CNM Workforce Training Center  
5600 Eagle Rock Ave NE, Alb. NM 87113  
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	<u>AGENDA</u>	<u>PAGE</u>
1.	Call to Order	Dr. Caruana, President
2.	Roll Call to Ascertain Quorum	Ms. Beatty, Recorder
3.	Pledge of Allegiance	Dr. Caruana, President
4.	Approval of Agenda	Dr. Caruana, President 4
5.	Approval of Regular Meeting Minutes December 2, 2025	Dr. Caruana, President 5
6.	Public Forum and Introductions	Dr. Caruana, President
7.	Committee Reports	Dr. Caruana, President
8.	Staff Updates	
	a. 2026 Exchange Rates and Plan Comparison	Ms. Atencio, Deputy Director 17
	b. 2025 Switch Enrollment Results	Mr. Biggs, Communications Director 19
	c. November 30, 2025, SIC Report	Ms. Ayanniyi, Chief Financial Officer 22
	d. BCBS of New Mexico Data Breach	Mr. Kueffer, Executive Director
	e. Legislative	Mr. Kueffer, Executive Director 23
9.	FY25 Financial Audit Report	Mr. Hoggan, Principal & Mr. Hamilton, Sr. Manager, Baker Tilly 24
10.	Travel Request (Action Item)	Ms. Atencio, Deputy Director 84
11.	Other Business	Dr. Caruana, President
12.	Date & Location of Next Board Meeting	Dr. Caruana, President
	February 3, 2026 – 9:30AM PERA Board Room 33 Plaza La Prensa, Santa Fe, NM 87507	
13.	Adjourn	

**MINUTES OF THE**  
**NEW MEXICO RETIREE HEALTH CARE AUTHORITY/BOARD OF DIRECTORS**  
**REGULAR MEETING**

**December 2, 2025**

**1. CALL TO ORDER**

A Regular Meeting of the Board of Directors of the New Mexico Retiree Health Care Authority was called to order on this date at 9:30 a.m. in Room 207, CNM Workforce Training Center, 5600 Eagle Rock Avenue, NE, Albuquerque, New Mexico.

**2. ROLL CALL TO ASCERTAIN A QUORUM**

A quorum was present.

**Members Present:**

Dr. Lee Caruana, President

Dr. Tomas Salazar, Vice President

Mr. Lance Pyle, Secretary [virtual attendance] [signed off at 12:15 p.m.]

Hon. Laura M. Montoya, NM State Treasurer [left 11:15 a.m.]

[Designee: Christine Anaya]

Ms. Donna Sandoval [left at 1:00 p.m.]

Ms. Therese Saunders

Ms. Renee Garcia [designee: David Archuleta]

Ms. Kate Brassington

**Members Excused:**

Dr. Gerry Washburn

Ms. Alex Castillo-Smith

Ms. Raquel Alirez

**Staff Present:**

Mr. Neil Kueffer, Executive Director

Ms. Linda Atencio, Deputy Director Ayanniyi

Ms. Sheri Ayanniyi, Chief Financial Officer

Mr. Raymond Long, IT Director

Mr. Alexander George, Network Administrator

Ms. Judith Beatty, Recorder

**3. PLEDGE OF ALLEGIANCE**

Ms. Saunders led the Pledge.

**4. APPROVAL OF AGENDA**

**Treasurer Montoya moved approval of the agenda, amended as follows: Item 9 to follow Item 6; Item 11 to follow Item 9; and Item 10 to follow Item 11. Dr. Salazar seconded the motion, which passed unanimously.**

**5. APPROVAL OF MEETING MINUTES: October 7, 2025**

**Dr. Salazar asked that “Conduit” be corrected to “Conduent” wherever it appeared on pages 3-5 under the Item “Blue Cross Blue Shield of New Mexico Data Breach.”**

**Dr. Salazar moved approval of the October 7, 2025, minutes, as amended. Ms. Saunders seconded the motion, which passed, with Mr. Archuleta in abstention.**

**6. PUBLIC FORUM AND INTRODUCTIONS**

Attendees introduced themselves.

**9. STATE INVESTMENT COUNCIL UPDATES & QUARTERLY INVESTMENT PERFORMANCE REPORT – SEPTEMBER 2025: CHARLES WOLLMANN, CHIEF COMMUNICATIONS OFFICER**

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Mr. Wollmann made this presentation.

Responding to Dr. Salazar on the status of the Tax Stabilization Reserve Fund, Mr. Wollmann stated that the fund has 35% in low duration fixed income, 20% in public market fixed income, 30% in private debt and 15% in real estate. The expected compound return on the fund is 5.6%, with very low volatility expected.

Responding to Ms. Brassington, Mr. Wollmann said the SIC has adopted co-investments as part of its strategy to help lower the fee load, as most are no-fee, no-carry. Private equity has been fairly successful with that, especially with the larger buyout funds. SIC is also seeking to do this with real estate and real asset funds.

Ms. Brassington asked if the SIC has discretion or veto power over co-investments. Mr. Wollmann said it varies from fund to fund. SIC is able to get a veto right with some of these funds but otherwise relies on manager discretion.

Treasurer Montoya stated that, in the joint powers agreement, notification to NMRHCA should have been a lot sooner than it was.

Treasurer Montoya commented that SIC has the second-largest sovereign wealth fund in the US and should be operating with twice the number of staff it has. She said the fund grew by \$8.5 billion in one year.

Treasurer Montoya said there are comments in the news that all of the money should be taken out of the SIC, but that isn't possible because a lot of it is in long-term investments that can't be liquidated. In addition, the SIC is getting almost triple what it was getting five years ago in accommodating the needs of the last fiscal year budget.

Mr. Wollmann said the SIC has always been aware of the fact that 30-40% of the state's spending has been driven by oil & gas. As those numbers decline, the SIC funds are there to take the place of that revenue generator.

#### **11. NMRHCA INVESTMENT POLICY: JARED PRATT & PAUL COWIE, MANAGING PRINCIPALS, MEKETA**

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Mr. Pratt and Mr. Cowie made a presentation.

Treasurer Montoya commented that this policy has not been updated since 2010, so she was grateful that the document was being reviewed. She noted that the standard practice for cities, counties and the state is every two years.

Treasurer Montoya reviewed the document and made suggestions for language changes and edits.

Referring to section VII (Rebalancing), Treasurer Montoya asked that the stricken language, stating that the board would review the asset allocation and direct staff to rebalance as necessary, be restored. She said she did not want the board to give its authority to a consultant and SIC but instead should consider the recommendations from the consultant and approve or not approve them. She said the review could be quarterly or twice a year.

Mr. Kueffer said this was a question that had been raised previously and the change in language was an attempt to put more parameters around it. He said the language addresses how cash contributions or distributions are to be delegated to bring the Fund closer to board-approved asset class targets that have moved above or below a specified target.

Treasurer Montoya said she nonetheless felt the board should approve these adjustments in the interest of transparency.

Mr. Pratt commented that the language change was an attempt to shorten the process between analysis and trade to one week. With the change, the process would be extended to about six weeks between analysis and trade.

Treasurer Montoya responded if they see a rebalancing is needed, they can come and report to the team if it has to be done during a timeframe when the board is not meeting. This wouldn't affect the operations of what needed to be done.

**Treasurer Montoya moved to table approval until the next meeting. The motion passed unanimously.**

[Treasurer Montoya exited the meeting.]

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**10. INVESTMENTS OVERVIEW & REPORTING: JARED PRATT & PAUL COWIE,  
MANAGING PRINCIPALS, MEKETA**

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Mr. Pratt and Mr. Cowie made this presentation.

**[Dr. Salazar moved to hear Item 14 next at the request of Blue Cross Blue Shield. Ms. Brassington seconded the motion, which passed unanimously.]**

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**14. BCBS OF NEW MEXICO DATA BREACH: MARLENE BACA, VP OF SALES &  
SERVICE ACCOUNT MGT.: ERIK RAHMAN, PRIVACY OFFICE DIRECTOR;  
KELLEN MCJUNKINS, ASSOCIATE GENERAL COUNSEL**

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Mr. Kueffer stated that BCBS representatives were present to respond to questions and concerns raised by board members at the October board meeting regarding a data breach experienced by Conduent, a third-party vendor under contract with Blue Cross Blue Shield.

Mr. Kueffer described actions taken by NMRHCA to notify members about the data breach.

Mr. Rahman asked if this meeting was still being recorded. Chairman Caruana stated that it was. [It was announced that the meeting was no longer being recorded.]

Mr. Pyle asked why this wasn't being recorded, since this was a public meeting.

Ms. Baca said it was the policy of Healthcare Services Corporation that they cannot be recorded.

Mr. Kueffer said the meeting minutes would serve as the record of the meeting, and since this was a public meeting, anyone was welcome to join.

Mr. Pyle asked the record to reflect that he did not agree with the recording being stopped.

Mr. Rahman described the sequence of events involving Conduent and BCBS. They were notified on January 17, 2025, and had no indication that PII (personally identifiable information) or PHI (protected health information) were impacted. They were later provided information that Conduent systems were accessed by an unauthorized individual between October 21, 2024, and January 13, 2025. Shortly after that, they notified BCBS, and BCBS began regular communications between their security team and Conduent's response team. In the beginning of 2025, BCBS and Conduent conducted investigations and shared information. It wasn't until about April that BCBS learned that there was any PHI or PII that was impacted and still didn't have an indication that it was BCBS's information, so BCBS was conducting regular meetings with Conduent's security team to stay abreast of the incident.

Mr. Rahman stated that, on July 4, BCBS was provided the first dataset from Conduent in two formats. They were extremely large. One was a spreadsheet containing some members' information and the other was a large database backup that had to be created so Conduent could get all the information to BCBS so it could start the process of going through the exfiltrated individuals' information to determine whether they were members of BCBS in some format. That process was started in the first week of July, and they reviewed that information against the information in BCBS' system to determine which ones were members of BCBS' plans. Once they were able to determine those that were members, in which capacity they were impacted based on the line of business, group health plans, government programs, etc., they worked on that for the next couple of months. On September 23 they were able to identify with a certain degree of confidence which members were impacted based on the line of business they had with one of BCBS' companies. This was identified as their regulatory start for HIPAA counting purposes and for notifying groups that were affected through impacted individuals, and from that date they made notifications to the group health plans and other entities that they had been impacted by this incident.

Mr. Rahman said they started working with Conduent to delegate notification responsibilities to their company, in which case BCBS was delegating notification to regulators, state AGs and other state entities that required notification of the incident, as well as all of the notification responsibilities that are covered under FO40. They provided oversight to make sure those notifications were completed to BCBS standards. The notifications started mailing on October 24, 2025. On the same day, the attorneys general of impacted states that required notifications received notifications, as well as the OCR receiving notifications. At the same time, BCBS posted the information on its website as well as linking to Conduent's website with information of the data breach. The contents of the notification was such that it was Conduent sending the letter on behalf of BCBS saying that the incidents happened at Conduent, but it was plan

information from their relationship with BCBS that would have been the subject matter of the data exfiltration that was involved in this incident.

Mr. Rahman said BCBS provided to NMRHCA a set of potential data elements that were exposed. It included demographic information, treatment information and Social Security number, but as the investigation developed, Conduent was able to identify exact data elements that were exfiltrated per individual, so every individual is getting a tailored letter that will reference the exact data that were exposed. Regardless of the data elements that were exposed or exfiltrated, all members will receive credit monitoring because of this incident. He said BCBS is still in the process of issuing notifications.

Responding to Dr. Salazar, Mr. Rahman said BCBS notified the New Mexico Attorney General and the state insurance office.

Dr. Salazar said he felt there should be some concern about accountability for this data breach. He said he read that there is no indication that Conduent has violated any regulations at the federal or state level, which made him very uncomfortable.

Mr. Rahman said he couldn't comment on Conduent's position. Additionally, there is some litigation underway that he couldn't comment on. He could say that, when BCBS was working through its IS teams with Conduent's information security response teams, they were notified of this incident after the situation had already been corrected, so when they did their normal analysis to try to mitigate or stop any infiltration that could happen between BSBC and Conduent's servers, they didn't have to worry about that connection. They focused on making sure that Conduent did everything BCBS felt they should do. He noted that Conduent used the services of Palo Alto, which is a forensic incident response team, which BCBS also uses to provide the same services. BCBS was able to review the reports that were provided by Palo Alto and received a statement from them that everything has been corrected and that there is no longer a threat. BCBS's investigators looked into this, and the determination was that the assurances provided were such that BCBS believed Conduent did everything to mitigate the incident. While it is unfortunate, they eliminated the issue prior to BCBS being made aware.

Mr. Rahman noted that Conduent as well as BCBS have been monitoring dark web areas where these types of hackers go to sell or publish the information to make sure no BCBS member information is floating around on the dark web. BCBS has a team that does this full time.

Dr. Salazar said he remained concerned that there was no violation at the state or federal level.

Responding to Ms. Anaya, Mr. Rahman clarified that BCBS identified any individuals that were impacted along with any health plans that they were associated with on September 23. That was their “start date” for notifications, and they worked with their contract team to determine how they needed to notify the group health plans that were impacted and proceeded accordingly. Notifications to individuals didn’t start until October 24.

Responding to Ms. Saunders, Mr. Rahman said the template in the board packet referencing “Notice of Data Incident” came from Conduent via U.S. mail. He said he was aware of the fact that NMRHCA members were retirees.

Ms. Saunders commented that retirees are constantly reminded that, as older people, they should be very suspicious of unsolicited email or mail via the US Post Office. She was concerned that members receiving this letter from Conduent may not feel it is believable because the name doesn’t mean anything to them. As a retiree herself, she said she would probably dismiss the letter as junk mail and an attempt to trick her into something.

Chairman Caruana said he would echo Ms. Saunders’ comment. In addition, based on the discussion in October and in continuing discussion, many board members feel that BCBS could have notified the NMRHCA much sooner than it did, if only to caution the executive director that BCBS was looking into something and would keep him informed. It appears that, until September 23 or shortly thereafter, there was no indication at all that some type of incident had taken place.

Chairman Caruana said that even though BCBS and Conduent may have adhered to the letter of the law in terms of privacy, he wasn’t so sure they had adhered to the spirit of the law, which would have been to inform the NMRHCA much sooner so it could take steps.

Mr. Rahman said he understood the concerns. He said BCBS relied on the information and guidance in the contract they had available, which didn’t require this.

Mr. Kueffer asked Mr. Rahman if he was referring to the contract between BCBS and Conduent, or the contract between BCBS and NMRHCA. Mr. Rahman said the latter.

Mr. Kueffer said NMRHCA has been at arm’s length in working with Conduent because they are not under contract with NMRHCA. A lot of information NMRHCA needs in order to do its work has to be relayed through BCBS, and that has been a struggle.

Regarding Mr. Rahman’s comment that Attorneys General have been notified, he said that, as of last week, the New Mexico Attorney General had not been informed, so was unaware of this issue.

Mr. Kueffer said NMRHCA did have an opportunity to talk with Conduent and are in the process of trying to work more directly with Conduent in the hope that they can facilitate some of this.

Mr. Kueffer noted that there has not been a press release. While NMRHCA doesn't have all of the information or maybe inside information as far as the investigation conducted by either BCBS or Conduent, NMRHCA is only relaying information as it is provided. This can be through a letter or through piecemeal information it has. He said it was confirmed that OSI was informed of the data breach, but there have been delays in notifying other agencies. If the delays are the result of New Mexico's regulations around notification requirements, then perhaps those need to be reviewed and potentially strengthened.

Mr. Kueffer noted that other states such as Montana have concerns around this data breach, and they are wondering whether this complies with HHS in terms of HIPAA requirements. He recalled that, in a previous data breach, HHS contacted NMRHCA and NMRHCA worked with the vendor that was involved in the breach, and the vendor facilitated the information to respond to HHS. His concern in this case is who is going to take responsibility. He noted that NMRHCA's contract with BCBS specifically states that they will abide by all HIPAA regulations and policies. He said this is a HIPAA action and it is a health plan and it is member information. He realizes it is not the system of BCBS, but NMRHCA is only getting the data and information it is getting because of Conduent's relationship with BCBS.

Mr. Kueffer said he struggles with some of this because the AG's Office was not notified, and HHS has not been notified to NMRHCA's understanding, and there is still a delay. Even though nothing has shown up in the black market, and maybe the threat as far as identify theft is rather low, but the concern is that NMRHCA members are protected. He said it is important that the members be sufficiently notified of the data breach and that it has to be on a larger scale.

Chairman Caruana commented to Ms. Baca that he remained disappointed because it appears to be at the same point it was two months ago in not getting some good answers in terms of what BCBS is planning to do. He said it sounds like there are still some unanswered questions and some notifications that haven't gone out.

Ms. Baca said she was saddened to hear that BCBS has disappointed the NMRHCA. She said the information she is providing is the information she has received from other individuals. With respect to agencies not receiving notification, she said she has a timeline reflecting that everything on her list has been checked off. The Office of Superintendent was notified on October 13, and HHS OCR was notified on October 27. Immediately following, CMS was notified, and on November 7 the Office of the New

Mexico Attorney General was notified. She said she was taken aback in hearing that case agencies have not confirmed that they received the notification.

Chairman Caruana commented that it appears he was notified before all of these other agencies were notified. Ms. Baca said she asked the same question of BCBS, which is why the employer groups were notified before these agencies were notified, and the response was that BCBS delegated to the third party and it was based on the third party's timeline. She agreed with Chairman Caruana that while BCBS may be meeting the letter of the law, it wasn't meeting the spirit of the law.

Regarding media notice, Ms. Baca said Associated Press, USA Today and Albuquerque Journal were notified with a press release around October 24.

Responding to Dr. Salazar, Ms. Baca said BCBS has certain obligations as it vendors do, but because the vendor is a third party, BCBS has to rely on them to make sure they are meeting all of the HIPAA rules, etc. BCBS has language to that effect in its contract with Conduent.

Ms. Anaya referred to the October board minutes and noted that Treasurer Montoya had requested a copy of the contract between NMRHCA and BCBS as well as the contract between Conduent and BCBS. The Treasurer had also asked how much money Conduent placed with cybersecurity in terms of fraud prevention. She asked if that information was available today.

Ms. Baca responded that BCBS was not able to provide the contract between BCBS and Conduent. It would be up to Mr. Kueffer to provide a copy of the agreement between NMRHCA and BCBS.

Mr. Kueffer said the NMRHCA's contracts are public documents, so could be provided.

Regarding the amount Conduent has spent on fraud prevention, Mr. Kueffer noted that Conduent made additional investments to its security system after it experienced a previous breach.

Ms. Baca said she did not know the dollar amount Conduent has spent on fraud prevention, however, Dr. Salazar read from an article that was published, and she read the same article, and the dollar amount that he indicated is what she saw reading the article. She said it has not been shared with her.

Ms. Anaya said Treasurer Montoya appreciated NMRHCA sending out an email to the members. If another letter is sent, because some retirees have dementia or Alzheimer's, if anyone calls regarding having this information, the Treasurer asked that NMRHCA and BCBS not ask for personal information. Also, to include in additional

phone numbers that members can call to verify that any information or calls they received were in fact true.

Responding to Mr. Archuleta, Ms. Baca said Conduent sends out ID cards and explanation of benefits. If there is any type of audit from a claim perspective, Conduent handles that type of mailing. That is the reason why the breach included personal information. She said BCBS has always outsourced those types of services.

Ms. Anaya requested that, at the next board meeting, the board be informed on the dates the press release was issued through the Albuquerque Journal, USA Today and Associated Press and whether additional press releases are planned from BCBS.

## **7. COMMITTEE REPORTS**

President Caruana reported that the Executive Committee met last week and finalized today's agenda after reviewing certain items scheduled for action today.

Ms. Brassington said the Finance Committee met on November 21 and reviewed finance-related items on today's agenda.

Ms. Sandoval said the Audit Committee met with Baker Tilly and reviewed the audit. There were no findings.

## **8. STAFF UPDATES**

### **a. Public Sector Healthcare Roundtable**

Ms. Atencio stated that she and Mr. Kueffer attended the Healthcare Roundtable conference in Washington DC on November 4-7. She said it was a great opportunity for them to make sure NMRHCA is aligned with healthcare around the nation and to exchange information with other plan representatives from around the country.

### **b. 2025 Switch Enrollment**

Mr. Biggs presented graphs illustrating attendance at in-person and virtual meetings along with total meeting attendance that occurred during October 2025. There was a 20% decrease in total attendance from 2024 to 2025, although attendance was higher than 2022 and 2023. He commented that significant plan changes tend to drive attendance, and last year there were significant plan changes, while this year there was very little.

Mr. Biggs stated that the NMRHCA met for the first time in Carlsbad, where attendance was somewhat higher than previous years in Hobbs, which was not a location in 2025.

c. **FY26 First Quarter Budget Report**

Ms. Ayanniyi presented this report.

d. **Legislative**

**I. Federal & State**

Mr. Kueffer reported that the standard monthly premium for Medicare Part B enrollees will be \$202.90 for 2026, an increase of \$17.90 from \$185.00 in 2025. The Annual Deductible will go up from \$257 to \$283. There will be a \$60 increase in the Part A deductible, to \$1,736, and the Part A premiums for those who pay will increase by \$47. He commented that some of the projections are about 10% lower than anticipated.

Mr. Kueffer said GLP-1 prescription costs are expected to be lower for people on Medicare and Medicaid and those who purchase drugs directly from manufacturers. Eli Lilly and Novo Nordisk have committed to cut prices after working with the administration, and there will be expanded access for other GLP-1 medications.

Mr. Kueffer said a direct consumer platform (TrumpRx) will launch early in 2026. NMRHCA will be watching this closely.

Mr. Kueffer said anticipated bills at the upcoming legislature include malpractice insurance and medical compacts.

Mr. Kueffer said federal grant monies have made possible the Rural Health Transformation Program, which is managed by the NM Health Care Authority and HSD.

**II. Reference Based Pricing (SB376)**

Mr. Kueffer stated that, under SB376, the state's contribution to health insurance premiums will increase, lowering costs for workers. It would eliminate existing tiered salary thresholds for employee premium contributions by requiring the employer contribution of the state or any of its executive, judicial, or legislative departments to be 80%. The HCA did its own analysis of Medicare Reference-Based Pricing for Urban Hospitals and Balance Billing Protections and the impact and savings that could result. It would also be an opportunity for IBAC members that could use this arrangement and have it implemented as part of its cost containment strategies.

Ms. Donaldson made a slide presentation on State Health Benefits Urban Hospital Reimbursement Rates for the counties of Bernalillo, Doña Ana, Sandoval and Santa Fe (pages 21-16 in board book).

**12. GASB STATEMENT 74 ACTUARIAL VALUATION: MEHDI RIAZI, FSA FCA EA  
MAA, VICE PRESIDENT & CONSULTING ACTUARY, SEGAL**

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Mr. Riazi made a presentation (page 195 in board book).

**13. NEW ENTITY PARTICIPATION REQUEST, VILLAGE OF TAOS SKY VALLEY**

Mr. Kueffer stated that the Village of Taos Ski Valley is interested in participating in the NMRHCA program. There are currently 11 active participants, and the cost will be \$51,910. The governing body adopted the required resolution on November 19, 2025. Participation for the members would officially begin on July 1, 2026.

**Mr. Archuleta moved for approval. Ms. Anaya seconded the motion, which passed unanimously.**

**15. OTHER BUSINESS**

None.

**16. DATE AND LOCATION OF NEXT BOARD MEETING**

January 6, 2026 – 9:30 AM  
CNM Workforce Training Center  
5600 Eagle Rock Avenue, NE, Albuquerque, NM. 87113

**17. ADJOURN: 1:20 p.m.**

Accepted by:



Lee Caruana, President

**2026 Market Comparison of Commercially Available Plans (Pre-Medicare)**

**Premium Rate - Individual Age 60**

Update 12/24/2025

New Mexico Health Care Exchange Plans	Retiree Premium	Spouse Premium	Retiree + Spouse Premium	Plan Type	Plan Level	Deductible Individual	Out-of-Pocket Max Individual	First Dollar Coverage								
<b>Albuquerque</b>																
<b>Gold</b>																
Blue Cross Blue Shield (205) - Albuquerque	\$1,127	\$1,127	\$2,254	HMO	Gold	\$350	\$10,150	Y								
Presbyterian (Clear Cost Gold) - Albuquerque	\$1,586	\$1,586	\$3,172	HMO	Gold	\$3,000	\$6,000	Y								
Molina (Clear Cost Gold) - Albuquerque	\$1,107	\$1,107	\$2,213	HMO	Gold	\$3,000	\$6,000	Y								
United Health Care (Gold Value on Exchange) - Albuquerque	\$1,412	\$1,412	\$2,823	HMO	Gold	\$2,700	\$8,500	Y								
<b>Silver</b>																
Blue Cross Blue Shield (203) - Albuquerque	\$1,114	\$1,114	\$2,227	HMO	Silver	\$1,800	\$10,150	N								
Presbyterian (Clear Cost Silver) - Albuquerque	\$1,674	\$1,674	\$3,348	HMO	Silver	\$4,800	\$9,300	Y								
Molina (Clear Cost Silver) - Albuquerque	\$1,113	\$1,113	\$2,227	HMO	Silver	\$4,800	\$9,300	Y								
United Health Care (Silver Advantage on Exchange) - Albuquerque	\$1,499	\$1,499	\$2,999	HMO	Silver	\$4,250	\$9,200	Y								
<b>Bronze</b>																
Presbyterian Health Plan, Inc. (Bronze 9200) - Age: 60 - Albuquerque	no longer offered															
<b>Santa Fe</b>																
<b>Gold</b>																
Blue Cross Blue Shield (205) - Santa Fe	\$1,541	\$1,541	\$3,081	HMO	Gold	\$350	\$10,150	Y								
Presbyterian (Clear Cost Gold) - Santa Fe	\$1,586	\$1,586	\$3,172	HMO	Gold	\$3,000	\$6,000	Y								
Molina (Clear Cost Gold) - Santa Fe	\$1,453	\$1,453	\$2,906	HMO	Gold	\$3,000	\$6,000	Y								
United Health Care (Gold Value on Exchange) - Santa Fe	\$1,673	\$1,673	\$3,346	HMO	Gold	\$2,700	\$8,500	Y								
<b>Silver</b>																
Blue Cross Blue Shield (203) - Santa Fe	\$1,522	\$1522	\$3,044	HMO	Silver	\$1,800	\$10,150	N								
Presbyterian (Clear Cost Silver) - Santa Fe	\$1,674	\$1674	\$3,348	HMO	Silver	\$4,800	\$9,300	Y								
Molina (Clear Cost Silver) - Santa Fe	\$1,462	\$1,462	\$2,924	HMO	Silver	\$4,800	\$9,300	Y								
United Health Care (Silver Advantage on Exchange) - Santa Fe	\$1777	\$1777	\$3,554	HMO	Silver	\$4,250	\$9,200	Y								
<b>Bronze</b>																
Presbyterian Health Plan, Inc. (Bronze 9200) - Age: 60 - Santa Fe	Plan no longer offered															
<b>Las Cruces</b>																
<b>Gold</b>																
Blue Cross Blue Shield (205) - Las Cruces	\$1,578	\$1,578	\$3,156	HMO	Gold	\$350	\$10,150	Y								
Presbyterian (Clear Cost Gold) - Las Cruces	\$2,221	\$2,221	\$4,441	HMO	Gold	\$3,000	\$6,000	Y								
Molina (Clear Cost Gold) - Las Cruces	\$1,166	\$1,166	\$2,332	HMO	Gold	\$3,000	\$6,000	Y								
United Health Care (Gold Value on Exchange) - Las Cruces	\$1,411	\$1,411	\$2,822	HMO	Gold	\$2,700	\$8,500	Y								
<b>Silver</b>																
Blue Cross Blue Shield (203) - Las Cruces	\$1,559	\$1,559	\$3,118	HMO	Silver	\$1,800	\$10,150	N								
Presbyterian (Clear Cost Silver) - Las Cruces	\$2,343	\$2,343	\$4,687	HMO	Silver	\$4,800	\$9,300	Y								
Molina (Clear Cost Silver) - Las Cruces	\$1,173	\$1,173	\$2,346	HMO	Silver	\$4,800	\$9,300	Y								
United Health Care (Silver Advantage on Exchange) - Las Cruces	\$1,498	\$1,498	\$2,997	HMO	Silver	\$4,250	\$9,200	Y								
<b>Bronze</b>																
Presbyterian (Bronze 9200) - Las Cruces	Plan no longer offered															

New Mexico Health Care Exchange Plans	Retiree Premium	Spouse Premium	Retiree + Spouse Premium	Plan Type	Plan Level	Deductible Individual	Out-of-Pocket Max Individual	First Dollar Coverage								
<b>Farmington</b>																
<b>Gold</b>																
Blue Cross Blue Shield (205) – Farmington	\$1,529	\$1,529	\$3,058	HMO	Gold	\$350	\$10,150	Y								
Presbyterian (Clear Cost Gold) - Farmington	\$2,221	\$2,221	\$4,441	HMO	Gold	\$3,000	\$6,000	Y								
Molina (Clear Cost Gold) - Farmington	\$1,190	\$1,190	\$2,381	HMO	Gold	\$3,000	\$6,000	Y								
United Health Care (Gold Value on Exchange) - Farmington	\$1,734	\$1,734	\$3,468	HMO	Gold	\$2,700	\$8,500	Y								
<b>Silver</b>																
Blue Cross Blue Shield (203) - Farmington	\$1,511	\$1,511	\$3,022	HMO	Silver	\$1,800	\$10,150	N								
Presbyterian (Clear Cost Silver) - Farmington	\$2,343	\$2,343	\$4,687	HMO	Silver	\$4,800	\$9,300	Y								
Molina (Clear Cost Silver) - Farmington	\$1,198	\$1,198	\$2,396	HMO	Silver	\$4,800	\$9,300	Y								
United Health Care (Silver Advantage on Exchange) - Farmington	\$1,842	\$1,842	\$3,683	HMO	Silver	\$4,250	\$9,200	Y								
<b>Bronze</b>																
Presbyterian Health Plan, Inc. (Bronze 9200) - Age: 60 - Farmington	Plan no longer being offered															
<b>Roswell</b>																
<b>Gold</b>																
Blue Cross Blue Shield (205) - Roswell	\$1,578	\$1,578	\$3,156	HMO	Gold	\$350	\$10,150	Y								
Presbyterian (Clear Cost Gold) - Roswell	\$2,221	\$2,221	\$4,441	HMO	Gold	\$3,000	\$6,000	Y								
Molina (Clear Cost Gold) - Roswell	\$1,343	\$1,343	\$2,686	HMO	Gold	\$3,000	\$6,000	Y								
United Health Care (Gold Value on Exchange) - Roswell	\$1,657	\$1,657	\$3,314	HMO	Gold	\$2700	\$8,500	Y								
<b>Silver</b>																
Blue Cross Blue Shield (203) - Roswell	\$1,559	\$1,559	\$3,118	HMO	Silver	\$1,800	\$10,150	N								
Presbyterian (Clear Cost Silver) - Roswell	\$2,343	\$2,343	\$4,687	HMO	Silver	\$4,800	\$9,300	Y								
Molina (Clear Cost Silver) - Roswell	\$1,351	\$1,351	\$2,703	HMO	Silver	\$4,800	\$9,300	Y								
United Health Care (Silver Advantage on Exchange) - Roswell	\$1,760	\$1,760	\$3,520	HMO	Silver	\$4,250	\$9,200	Y								
<b>Bronze</b>																
Presbyterian Health Plan, Inc. (Bronze 9200) - Age: 60 - Roswell	Plan no longer being offered															
<b>Las Vegas</b>																
<b>Gold</b>																
Blue Cross Blue Shield (205) - Las Vegas	\$1,578	\$1,578	\$3,156	HMO	Gold	\$350	\$10,150	Y								
Presbyterian (Clear Cost Gold) - Las Vegas	\$2,221	\$2,221	\$4,441	HMO	Gold	\$3,000	\$6,000	Y								
Molina (Clear Cost Gold) - Las Vegas	\$1,343	\$1,343	\$2,686	HMO	Gold	\$3,000	\$6,000	Y								
United Health Care (Gold Value on Exchange) - Las Vegas	\$1,657	\$1,657	\$3,314	HMO	Gold	\$2700	\$8,500	Y								
<b>Silver</b>																
Blue Cross Blue Shield (203) - Las Vegas	\$1,559	\$1,559	\$3,118	HMO	Silver	\$1,800	\$10,150	N								
Presbyterian (Clear Cost Silver) - Las Vegas	\$2,343	\$2,343	\$4,687	HMO	Silver	\$4,800	\$9,300	Y								
Molina (Clear Cost Silver) - Las Vegas	\$1,351	\$1,351	\$2,703	HMO	Silver	\$4,800	\$9,300	Y								
United Health Care (Silver Advantage on Exchange) - Las Vegas	\$1,760	\$1,760	\$3,520	HMO	Silver	\$4,250	\$9,200	Y								
<b>Bronze</b>																
Presbyterian Health Plan, Inc. (Bronze 9200) - Age: 60 - Roswell	Plan no longer being offered															

## Medical Plans

### January 2026 Switch Enrollments, New and Cancelled Members

FROM	PRE-MEDICARE				MEDICARE						TOTAL TERMED FROM EACH	
	TO BCBS Premier	TO BCBS VP	TO Pres Premier	TO Pres VP	TO BCBS Supplement	TO BCBS MA HMO	TO BCBS MA PPO	TO Humana MA PPO	TO Pres MA PPO	TO United MA PPO		
PRE 65	BCBS Premier	28	6	3	35	2	22				1	
	BCBS Value Plan	35	2	5	2	1	5				97	
	Presbyterian Premier	41	1	19	4		18		17	2	50	
	Presbyterian Value Plan	16	13	32			13		10	1	102	
MEDICARE	BCBS Supplemental				10	75	7	18	11		85	
	BCBS MA HMO				10	99			3	4	121	
	BCBS MA PPO				36	7	1	16		15	116	
	Humana MA PPO				21	14	208		4		75	
	Presbyterian MA PPO				38	3	78	6		9	256	
	United Healthcare MA PPO				44	6	345	29	37		142	
	TOTAL ADDITIONS TO EACH	92	42	40	27	190	43	863	43	105	60	461
	NET +/-	(5)	(8)	(62)	(58)	69	(73)	863	(213)	(37)	(401)	-

Medicare Plans	NEW ENROLLMENTS AND CANCELLATIONS						
	BCBS Supplement	BCBS MA HMO	BCBS MA PPO	Humana PPO	Pres MA PPO	UHC PPO	Totals
New	20	3	21	1	8	6	59
Cancelled	22	8	18	21	35	50	154
NET +/-	-2	-5	3	-20	-27	-44	-95

Pre-Medicare Plans	NEW ENROLLMENTS AND CANCELLATIONS				
	BCBS Premier	BCBS Value	Pres Premier	Pres Value	Totals
New	56	14	35	47	152
Cancelled	34	10	13	27	84
NET +/-	22	4	22	20	68

Dental Plans

January 2026 Switch Enrollments, New and Cancelled Members

DENTAL PLAN OPTIONS															TOTAL TERMED FROM EACH
FROM	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	
Option & Tier	BCBS Basic Single	BCBS Basic Two-Party	BCBS Basic Family	Delta Basic Single	Delta Basic Two-Party	Delta Basic Family	BCBS Comp Single	BCBS Comp Two-Party	BCBS Comp Family	Delta Comp Single	Delta Comp Two-Party	Delta Comp Family			
BCBS Basic Single				12			16			3					31
BCBS Basic Two-Party		7			7		7				2				16
BCBS Basic Family						1	1								2
Delta Basic Single	31						45	1		174	3				254
Delta Basic Two-Party	2	11					1	26		4	79				123
Delta Basic Family			1												9
BCBS Comp Single	10			6						37					53
BCBS Comp Two-Party		8								1	22				31
BCBS Comp Family															-
Delta Comprehensive Single	17			38	1		172	4							232
Delta Comprehensive Two-Party		4		1	17		5	103	1						131
Delta Comprehensive Family						1				5					6
TOTAL ADDITIONS TO EACH	60	23	1	57	25	1	239	142	7	219	106	8			888
NET +/-	29	7	(1)	(197)	(98)	(8)	186	111	7	(13)	(25)	2			

NEW ENROLLMENTS/CANCELLATIONS INTO DENTAL PLAN OPTIONS															Totals
Option & Tier	BCBS Basic Single	BCBS Basic Two-Party	BCBS Basic Family	Delta Basic Single	Delta Basic Two-Party	Delta Basic Family	BCBS Comp Single	BCBS Comp Two-Party	BCBS Comp Family	Delta Comp Single	Delta Comp Two-Party	Delta Comp Family			
New	21	4	1	41	12	2	56	27	2	87	37	5			295
Cancelled	4	3	-	40	20	-	2	1	-	103	32	-			205
Net +/-	17	1	1	1	(8)	2	54	26	2	(16)	5	5			90

**Davis Vision**

**January 2026 Switch Enrollments, New and Cancelled Members**

VISION PLAN OPTIONS				
FROM	TO	TO	TO	TOTAL TERMED FROM EACH
Option & Tier	Single	Two-Party	Family	
Single		41	-	41
Two-Party	31		1	32
Family	2	10		12
<b>Total</b>	<b>33</b>	<b>51</b>	<b>1</b>	<b>85</b>
<b>Net +/-</b>	<b>(8)</b>	<b>19</b>	<b>(11)</b>	

NEW ENROLLMENTS/CANCELLATIONS INTO DAVIS VISION PLAN				
Tier	Single	Two-Party	Family	Totals
New	207	74	13	294
Cancelled	155	49	2	206
<b>Net +/-</b>	<b>52</b>	<b>25</b>	<b>11</b>	<b>88</b>

**New Mexico Retiree Health Care Authority (CP)**  
**Change in Market Value**  
**For the Month of Nov 2025**  
(Report as of December 15, 2025)

Investment Name	Prior Ending Market Value	Contributions	Distributions	Fees	Income	Gains - Realized	Gains - Unrealized	Gains - Realized & Unrealized	Market Value
Core Bonds Pool	375,133,495.76	6,000,000.00	-	(95,355.36)	923,350.39	596,560.38	987,857.29	1,584,417.67	383,545,908.46
Credit Plus Pool	92,561,003.61	1,500,000.00	-	(47,815.51)	436,745.58	40,478.34	54,287.80	94,766.14	94,544,699.82
NM Retiree Health Care Authority Cash Account	-	-	-	-	-	-	-	-	-
Non-US Developed Markets Index Pool	-	-	-	-	-	-	-	-	-
Non-US Emerging Markets Active Pool	-	-	-	-	-	-	-	-	-
Non-US Large Cap Active Pool	95,687,026.77	1,500,000.00	-	(70,274.89)	125,691.41	519,762.03	(277,492.99)	242,269.04	97,484,712.33
Non-US Large Cap Passive Pool	133,791,612.56	2,100,000.00	-	(8,004.74)	187,856.93	(95,701.70)	(71,805.23)	(167,506.93)	135,903,957.82
Non-US SMID Cap Active Pool	22,469,433.49	300,000.00	-	(22,255.12)	17,549.19	15,473.56	75,697.60	91,171.16	22,855,898.72
Non-US SMID Cap Passive Pool	35,869,533.82	600,000.00	-	(6,013.36)	31,344.44	401,432.02	(48,668.88)	352,763.14	36,847,628.04
Private Debt Market Pool	226,798,199.69	3,600,000.00	-	-	1,057,458.57	(5,412.57)	(704,081.53)	(709,494.10)	230,746,164.16
Private Equity Pool	208,883,400.33	3,300,000.00	-	-	252,079.59	485,732.51	(606,747.82)	(121,015.31)	212,314,464.61
Real Estate Pool	184,179,803.45	3,000,000.00	-	-	259,871.72	247,006.35	(387,683.38)	(140,677.03)	187,298,998.14
Real Return Pool	93,622,090.98	1,500,000.00	-	(17,267.49)	65,149.53	229,240.09	205,158.70	434,398.79	95,604,371.81
US Large Cap Index Pool	368,491,780.01	5,700,000.00	-	(8,241.19)	429,030.12	(2,447.98)	489,405.64	486,957.66	375,099,526.60
US SMID Cap Alternative Weighted Index Pool	56,470,460.91	900,000.00	-	(4,565.22)	78,393.78	1,164,060.60	275,727.61	1,439,788.21	58,884,077.68
Sub - Total New Mexico Retiree Health Care	1,893,957,841.38	30,000,000.00	-	(279,792.88)	3,864,521.25	3,596,183.63	(8,345.19)	3,587,838.44	1,931,130,408.19
<b>Total New Mexico Retiree Health Care</b>	<b>1,893,957,841.38</b>	<b>30,000,000.00</b>	-	<b>(279,792.88)</b>	<b>3,864,521.25</b>	<b>3,596,183.63</b>	<b>(8,345.19)</b>	<b>3,587,838.44</b>	<b>1,931,130,408.19</b>

## SESSION DATES

### Current:

2026

January 2, 2026 - January 16	Legislation may be prefiled
January 20	Opening day (noon)
February 4	Deadline for introduction
February 19	Session ends (noon)
March 11	Legislation not acted upon by governor is pocket vetoed
May 20	Effective date of legislation not a general appropriation bill or a bill carrying an emergency clause or other specified date

### Future:

2027

January 2, 2027 - January 15	Legislation may be prefiled
January 19	Opening day (noon)
February 18	Deadline for introduction
March 20	Session ends (noon)
April 9	Legislation not acted upon by governor is pocket vetoed
June 18	Effective date of legislation not a general appropriation bill or a bill carrying an emergency clause or other specified date

### Prior:

2025 Second Special Session

November 10	Opening day (noon)
November 10	Session ended
November 30	Legislation not acted upon by governor is pocket vetoed
February 8, 2026	Effective date of legislation not a general appropriation bill or a bill carrying an emergency clause or other specified date

2025 First Special Session

October 1	Opening day (noon)
October 2	Session ended
October 22	Legislation not acted upon by governor is pocket vetoed
December 31	Effective date of legislation not a general appropriation bill or a bill carrying an emergency clause or other specified date

2025

January 2, 2025 - January 17	Legislation may be prefiled
January 21	Opening day (noon)
February 20	Deadline for introduction
March 22	Session ends (noon)
April 11	Legislation not acted upon by governor is pocket vetoed
June 20	Effective date of legislation not a general appropriation bill or a bill carrying an emergency clause or other specified date



# **New Mexico Retiree Health Care Authority**

**Report to Board of Directors  
FY2025 Financial Statement Audit Results  
January 6, 2026**

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# Scope of Services

We performed the following services for the year ended June 30, 2025:

## Annual Audit

- Annual financial statement audit
  - Audit report on the financial statements of New Mexico Retiree Health Care Authority
  - *Government Auditing Standards* Reports on Internal Control over Financial Reporting and on Compliance and Other Matters
- Reports submitted to NM State Auditor on November 25, 2025; released by OSA on December 18, 2025

## Non-Attest Services

- Assisted management with drafting the financial statements and required supplementary information

Employer allocation audit testing to be completed during Spring 2026 with anticipated issuance of allocation audit reports in May 2026



# Areas of Audit Emphasis

Significant Area	Procedures Performed
<b>Actuarial Assumptions</b>	<ul style="list-style-type: none"><li>Reviewed documentation of changes of assumptions, including management's approval</li><li>Audit procedures for reliance on specialist (actuary)</li><li>Tested the accuracy and completeness of the census data</li></ul>
<b>Management Override of Controls</b>	<ul style="list-style-type: none"><li>Performed fraud and risk inquiries</li><li>Completed analytical procedures during planning and at end of audit</li><li>Tested journal entries</li></ul>
<b>Estimated Liability for Unreported Claims at Year End (IBNR)</b>	<ul style="list-style-type: none"><li>Reviewed documentation of changes of assumptions, including management's approval</li><li>Audit procedures for reliance on specialist (actuary)</li><li>Completed comparative analytical procedures to compare prior actual results with estimates to compare trends and estimate with expectations</li><li>Tested the subsequent claims paid to evaluate the adequacy of the estimate</li></ul>



# Areas of Audit Emphasis (continued)

Significant Area	Procedures Performed
<b>Contributions</b>	<ul style="list-style-type: none"><li>Tested internal controls over processing employee and employer contributions</li><li>Performed analytical procedures at the employer level</li><li>Reviewed journal entries posted to ledger</li><li>Confirmed contribution amounts with sample of employers</li></ul>
<b>Premiums and claims paid</b>	<ul style="list-style-type: none"><li>Tested internal controls over claims payments and new retirees</li><li>Tested samples of claims submitted for retiree eligibility and services performed with use of Baker Tilly health care claims consultants</li><li>Performed analytical procedures of premiums and claims</li></ul>
<b>Information Technology</b>	<ul style="list-style-type: none"><li>Analyzed IT general controls over CARE</li><li>Tested IT application controls</li><li>Reviewed service organization reports (SOC reports) for SHARE and third-party administrators</li></ul>



# Audit Results

- Audit performed in accordance with the scope communicated in Entrance Conference on August 22, 2025.
- Regular status meetings throughout the audit process facilitated open communication, adjustments to audit plan, status of open items, tracking against targeted progress dates, and discussions of preliminary findings and issues.
- No audit adjustments or uncorrected misstatements.
- No material weaknesses or significant deficiencies reported.
- New accounting standards implemented during year
  - GASB No. 101 *Compensated Absences*
  - GASB No. 102 *Certain Risk Disclosures*
- Baker Tilly is independent with respect to RHCA and the State of New Mexico



# Your Service Team



**Kory Hoggan, CPA**  
*Audit Engagement Principal*

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**Aaron Hamilton, CPA**  
*Audit Senior Manager*

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**Kelly Jones, CPA**  
*Concurring Reviewer*

**Other Team Members**  
*Lauren Casias, Manager*  
*Dhara Eizaguirre, Senior*



# THANK YOU

Reports of Independent Auditors  
and Financial Statements with  
Supplementary Information

**New Mexico Retiree Health Care Authority**

June 30, 2025

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**Official Roster  
June 30, 2025**

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**Board of Directors**

Therese Saunders, Board President	NEA NM, Classroom Teachers Association Federation of Educational Employees
Tomas Salazar, Board Vice President	New Mexico Association of Educational Retirees
Lance A. Pyle, Board Secretary	New Mexico Association of Counties
Laura M. Montoya	New Mexico State Treasurer
Vacant	Governor's Appointee
Kate Brassington	Public Employees Retirement of New Mexico
Renee Garcia	Educational Retirement Board
Donna Sandoval	New Mexico Municipal League
Raquel Alirez	Classified State Employee
Gerry Washburn	New Mexico Superintendent Association
Alex Castillo-Smith	New Mexico Health Care Authority

**Staff**

Neil Kueffer	Executive Director
Sheri Ayanniyi	Chief Financial Officer

# **Report of Independent Auditors**

The Board of Directors  
New Mexico Retiree Health Care Authority

Joseph M. Maestas, PE, CFE  
New Mexico State Auditor

## **Report on the Audit of the Financial Statements**

### ***Opinion***

We have audited the financial statements of fiduciary net position and changes in fiduciary net position of New Mexico Retiree Health Care Authority (the Authority) as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the fiduciary net position of New Mexico Retiree Health Care Authority as of June 30, 2025, and the changes in fiduciary net position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Authority and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Emphasis of Matters***

As discussed in Note 1, the financial statements of New Mexico Retiree Health Care Authority present the fiduciary net position and changes in fiduciary net position of the State of New Mexico that are attributable to the transactions of the Authority. The financial statements do not present the financial position of the State of New Mexico as of June 30, 2025, the changes in its financial position, and, where applicable, its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

As discussed in Note 2, the Authority adopted Governmental Accounting Standards Board Statement No. 101, *Compensated Absences* during the year ended June 30, 2025. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### ***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, schedule of revenues and expenses – budget and actual: administrative fund, schedule of revenues and expenses – budget and actual: benefits fund, schedule of changes in net OPEB liability, schedule of employer contributions, and schedule of investment returns, as listed in the table of contents, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

### ***Supplementary Information***

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Authority's basic financial statements. The schedule 1 – combining schedule of fiduciary net position by functional activity, schedule 2 – combining schedule of changes in fiduciary net position by functional activity, and schedule 3 – schedule of investment fees (collectively, the supplementary information) are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

### ***Other Information***

Management is responsible for the other information included in the annual report. The other information comprises the schedule 4 – combining schedule of general and administrative expenses by functional activity, schedule 5 – combining schedule of state general fund investment pool, and schedule 6 – schedule of appropriations, but does not include the basic financial statements and our auditor's report thereon. Our opinion on the basic financial statements do not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the basic financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated November 25, 2025 on our consideration of the Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.



Albuquerque, New Mexico  
November 25, 2025

## **Management's Discussion and Analysis**

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## **Management's Discussion and Analysis**

### **June 30, 2025**

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**Introduction** – The New Mexico Retiree Health Care Authority (the Authority) fosters quality of life and peace of mind by responsibly administering affordable, secure health care benefits for public retirees and their families. The Authority's management has provided this discussion and analysis of the financial activities of the Authority for the year ended June 30, 2025. The narrative offers an overview of the financial reporting requirements, financial highlights, budgetary analysis, and comparative information. Financial data has been provided for the year ended June 30, 2024 for comparative purposes.

**Financial Reporting Requirements** – The Authority's financial statements have been prepared in conformity with standards published by the Governmental Accounting Standards Board (GASB) for retiree health systems. The basic financial statements presented comprise the following:

*Statement of fiduciary net position* – The statement of fiduciary net position provides a snapshot of the retiree health trust. It reports the Authority's assets, liabilities, and net position restricted for postemployment benefits other than pensions at the end of the fiscal year.

*Statement of changes in fiduciary net position* – The statement of changes in fiduciary net position presents the additions and deductions to the net position restricted for postemployment benefits other than pensions and is a summary of the Authority's transactions occurring during the fiscal year.

*Notes to the financial statements* – The notes to the financial statements are an integral part of the Authority's financial statement presentation and provide additional information not readily evident in the statements as presented.

*Required supplementary information* – The required supplementary information provides a detailed and informative analysis about the financial condition of the trust administered by the Authority.

*Supplementary information* – The supplementary information contains additional information not required by the GASB but has been deemed useful in evaluating the Authority's overall financial condition.

**Financial highlights** – The Authority's statement of fiduciary net position is summarized as follows as of June 30:

	2025	2024
<b>ASSETS</b>		
Cash and cash equivalents	\$ 55,926,646	\$ 79,082,745
Contributions and other receivables	22,827,395	22,757,047
Investments with New Mexico State Investment Council	1,820,870,219	1,513,200,631
Capital assets, net	<u>1,075,932</u>	<u>1,374,324</u>
Total assets	<u>1,900,700,192</u>	<u>1,616,414,747</u>
<b>LIABILITIES</b>		
Reserve for loss and loss adjustment expense	21,617,000	19,260,000
Other current liabilities	12,325,297	14,912,635
Retiree premiums received in advance	<u>336,156</u>	<u>275,283</u>
Total liabilities	<u>34,278,453</u>	<u>34,447,918</u>
<b>NET POSITION RESTRICTED FOR POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS</b>	<u><u>\$ 1,866,421,739</u></u>	<u><u>\$ 1,581,966,829</u></u>

The Authority implemented GASB Statement No. 101, *Compensated Absences* during the year ended June 30, 2025. The implementation of GASB No. 101 required a restatement of net position at July 1, 2024 for \$80,723. The original net position restricted for postemployment benefits other than pension as of July 1, 2024 is \$1,581,966,829 and the restated net position restricted for postemployment benefits other than pension as of June 30, 2024 is \$1,581,886,106.

The Authority's statement of changes in fiduciary net position is summarized as follows for the year ended June 30:

	2025	2024
<b>ADDITIONS</b>		
Contributions	\$ 372,337,591	\$ 365,911,065
Investment income	170,948,031	115,267,086
Tax administration suspense fund revenue	51,825,124	46,272,433
Medicare Part D rebates and other	49,517,890	41,011,213
Total additions	644,628,636	568,461,797
<b>DEDUCTIONS</b>		
Premiums and claims paid	356,344,566	328,748,749
Expenses and other	4,438,178	4,472,866
Total deductions	360,782,744	333,221,615
<b>INCREASE IN NET POSITION</b>	<u>\$ 283,845,892</u>	<u>\$ 235,240,182</u>

Net position increased by approximately \$283.8 million, or 17.9%, during fiscal year 2025 compared to fiscal year 2024. The increase during the current year is primarily due to the following:

The fair value of investments increased by \$307.7 million or 20.3% due to approximately \$140.0 million in investment purchases and net investment income of approximately \$170.9 million.

Cash balances decreased by \$23.2 million or 29.3% due to timing of transfers made to the trust fund held by the New Mexico State Investment Council.

Medicare Part D and other revenues increased by approximately \$8.5 million or 20.7% from the prior year. Contributions increased by approximately \$6.4 million, or 1.8%, from the prior year.

Contributions by source were as follows for the year ended June 30:

	2025	2024
Retirees	\$ 168,874,082	\$ 174,823,355
Employer	135,613,389	127,360,721
Employee	67,806,694	63,680,360
Employer buy-ins interest portion	43,426	46,629
Total contributions	<u>\$ 372,337,591</u>	<u>\$ 365,911,065</u>

The Authority reported an estimated net OPEB liability of \$1,556,676,574 and \$1,784,800,039 as of June 30, 2025 and 2024, respectively, representing a decrease of \$228.1 million during the year ended June 30, 2025. The decrease is the result of a change driven largely by favorable non-investment experience, strong investment returns to include an increase to the rate of return assumption from 7.00% to 7.25%, and savings from MAPD plan premiums. The net OPEB liability as of June 30, 2025, is comprised of the Authority's total OPEB liability of \$3,422,408,572 calculated by the Authority's independent actuaries, offset by the plan's fiduciary net position of \$1,865,731,998. As of June 30, 2025, the plan's fiduciary net position as a percentage of the total OPEB liability (funded status) was 54.52% an increase of 7.53% compared to the 46.99% funded status as of June 30, 2024.

**Budgetary analysis** – The fiscal year 2025 operating budget authorized expenditures totaling \$406.2 million, including \$2.8 million in personal services and employee benefits, \$402.8 million in contractual services, and \$0.7 million in other expenses. Actual expenditures totaled \$360.8 million, supported by revenues totaling \$644.6 million, resulting in an increase in net position of \$283.8 million.

**Currently known facts, decisions, and conditions** – The New Mexico Retiree Health Care Act (the Act) was enacted in Sections 10-7C-1 through 10-7C-19 NMSA 1978, for the purpose of providing comprehensive group health insurance coverage for persons who have retired from certain public service in the State of New Mexico and their eligible dependents. The Authority offers both pre-Medicare and Medicare plans to eligible retirees, as well as ancillary coverage including dental, vision, and life insurance. The Act provides that the benefits offered to retired public employees may be modified, diminished, or extinguished by the Legislature, and that the Act does not create any contract, trust, or other rights to public employees for health care benefits. Financing is provided through the setting of premiums for retirees by the Authority's Board of Directors and the allocation of governmental revenue streams by the Legislature on a "pay-as-you-go" basis.

The Authority administers the Act. It has a funding base comprised of active employee payroll deductions, participating employer contributions, monthly premium contributions of enrolled participants, investment income, and amounts distributed annually from the Taxation Administration Suspense Fund (TAA Fund).

**Financial contact** – Any questions regarding the financial statements of the Authority should be directed to the Executive Director, New Mexico Retiree Health Care Authority, 6300 Jefferson St. NE, Suite 150, Albuquerque, NM 87109.

## **Financial Statements**

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**Statement of Fiduciary Net Position**  
**June 30, 2025**

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**ASSETS**

Interest in State General Fund Investment Pool	\$ 55,926,646
Receivables	
Contributions - employers, employees, and retirees, net	14,564,484
Due from other state agencies	4,318,760
Due from charter schools	623,605
Accounts receivable - rebates and Medicare Part D	2,788,551
Buy-in obligations receivable	<u>531,995</u>
Total receivables	<u>22,827,395</u>
Investments with State Investment Council	
U.S. Large Cap Index Pool	272,897,813
Non-U.S. Emerging Markets Active Pool	149,340,073
Non-U.S. Developed Markets Index Pool	255,219,944
Private Equity Pool	237,787,117
Private Debt Market Pool	263,968,126
Real Estate Pool	149,045,136
U.S. Small/Mid Cap Alternative Weighted Index Pool	34,792,219
Real Return Pool	91,989,434
Core Bond Pool	<u>365,830,357</u>
Total investments	<u>1,820,870,219</u>
Capital assets, net of accumulated depreciation and amortization	<u>1,075,932</u>
Total assets	<u>1,900,700,192</u>
<b>LIABILITIES</b>	
Accounts payable	11,997,124
Payroll liabilities	58,135
Lease liabilities, due within one year	153,793
Compensated absences, due within one year	116,245
Lease liabilities, due after one year	639,922
Compensated absences, due after one year	49,819
Reserve for loss and loss adjustment expense	21,617,000
Retiree premiums received in advance	<u>336,156</u>
Total liabilities	<u>34,968,194</u>
<b>NET POSITION RESTRICTED FOR POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS</b>	<u>\$ 1,865,731,998</u>

**Statement of Changes in Fiduciary Net Position**  
**Year Ended June 30, 2025**

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**ADDITIONS**

Contributions	
Retiree	\$ 168,874,082
Employer	135,613,389
Employee	67,806,694
Employer buy-ins interest portion	<u>43,426</u>
 Total contributions	 <u>372,337,591</u>
 Investment income	
Net appreciation in fair value of investments	167,669,588
Interest adjustment on State General Fund Investment Pool	<u>3,278,443</u>
 Total investment income	 <u>170,948,031</u>
 Other	
Tax administration suspense fund revenue	51,825,124
Medicare Part D subrogation, rebates and other	<u>49,517,890</u>
 Total additions	 <u>644,628,636</u>

**DEDUCTIONS**

Premiums and claims paid	356,344,566
General and administrative expenses	3,699,015
Refunds to retirees	330,937
Depreciation and amortization expenses	<u>408,226</u>
 Total deductions	 <u>360,782,744</u>

**INCREASE IN NET POSITION**

**NET POSITION RESTRICTED FOR POSTEMPLOYMENT**

**BENEFITS OTHER THAN PENSIONS**

Beginning of year, as originally stated	1,581,966,829
Implementation of GASB No. 101 (See Note 2)	<u>(80,723)</u>
 Beginning of year, as restated	 <u>1,581,886,106</u>
 End of year	 <u>\$ 1,865,731,998</u>

## Notes to Financial Statements

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### Note 1 – Retiree Health Care Act Plan

The New Mexico Retiree Health Care Authority (the Authority) was formed on February 13, 1990, under the New Mexico Retiree Health Care Act (the Act) of New Mexico Statutes Annotated, as amended (NMSA 1978), to administer the Retiree Health Care Fund (10-7C-1-19 NMSA 1978) (the Fund) which was created to provide comprehensive group health insurance coverage for individuals (and their spouses, dependents, and surviving spouses) who have retired or will retire from public service in New Mexico.

The Fund is a multiple employer cost sharing defined benefit healthcare plan that provides eligible retirees (including terminated employees who have accumulated benefits but are not yet receiving them), their spouses, dependents and surviving spouses and dependents with health insurance and prescription drug benefits consisting of a plan, or optional plans of benefits, that can be purchased by funds flowing into the Fund and by co-payments or out-of-pocket payments of eligible retirees. Employees of the Authority participate in the plan.

The Act created a governing Board of Directors (the Board) comprised of not more than 13 members. Membership of the Board includes the following:

1. One member who is not employed by or on behalf of or contracting with an employer participating in or eligible to participate in the Fund, and who shall be appointed by the Governor to serve at the pleasure of the Governor;
2. The Director of the Educational Retirement Board (ERB) or the ERB Director's designee;
3. One member to be selected by the New Mexico Coalition of School Administrators;
4. One member who is a teacher who is certified and teaching in elementary or secondary education to be selected by a committee of one person designated by the New Mexico Association of Classroom Teachers, one person designated by the National Education Association of New Mexico and one person designated by the American Federation of Teachers New Mexico;
5. One member who shall be an eligible retiree of a public school and who shall be selected by the New Mexico Association of Educational Retirees;
6. The executive secretary of the Public Employees' Retirement Association (PERA) or the PERA Executive Secretary's designee;
7. One member who is an eligible retiree receiving a benefit from PERA and who is selected by the retired public employees of New Mexico;

8. One member who is an elected official or employee of a municipality participating in the Authority to be selected by the New Mexico Municipal League;
9. The State Treasurer or the State Treasurer's designee;
10. One member who is a classified state employee selected by the personnel board; and
11. The director of the state benefits division of the Health Care Authority.

Every member of the Board serves at the pleasure of the party or parties that selected that member. The Board elects from its membership a president, vice president, and secretary.

The Board may enter into contracts or arrangements with consultants, professional persons or firms as may be necessary to carry out the provisions of the Act. Other legal duties of the Board are defined by Section 10-7C-7 of the Act.

The plan has 305 participating employers and 163,679 current members, including active employees, terminated eligible members, retirees, and surviving spouses. The following schedule summarizes the number of members enrolled in the plan as of June 30, 2025:

Plan membership	
Current retirees and surviving spouses	50,813
Inactive and eligible for deferred benefit	14,005
Current active members	<u>98,861</u>
	<u>163,679</u>
Active membership	
State general	18,815
State police and corrections	2,509
Municipal general	17,821
Municipal police	3,390
Municipal FTRE	2,736
Educational Retirement Board	<u>53,590</u>
	<u>98,861</u>

The Authority operates and administers the plan from the following funds:

*Administrative Fund (38000)* – Created by 10-7C-16 NMSA 1978. The purpose of this fund is to provide administrative support to carry out the purpose of the Benefit Fund and the Act. This fund is not financed by the general fund; it is financed by and reverts to the Benefit Fund (38100).

*Benefit Fund (38100)* – Created by the Act (10-7C-1 to 10-7C-19 NMSA 1978). The purpose of this fund is to provide core group and optional healthcare and life insurance benefits for current and future retirees and their dependents as mentioned above.

The Authority is an independent agency of the State of New Mexico. The funds administered by the Authority are considered part of the State of New Mexico financial reporting entity and are OPEB trust funds of the State of New Mexico. The Authority's financial information should be included with the financial presentation of the State of New Mexico.

The Authority has developed criteria to determine whether other state agencies, boards or commissions which benefit the members of the Authority should be included within its financial reporting entity. The criteria include, but are not limited to, whether the Authority exercises oversight responsibility on financial interdependency, selection of governing authority, designation of management, ability to significantly influence operations and accountability for fiscal matters, scope of public service, and special financing relationships. Based on these criteria, management has determined that no other such entities should be included in its financial reporting entity. The Authority does not have any component units.

Because the Authority is a self-funded, mainly self-insured entity pursuant to Section 10-7C, NMSA 1978, the Authority is not construed to be transacting insurance activity otherwise subject to the laws of the State of New Mexico that regulate insurance companies and therefore, not subject to minimum statutory reserve requirements.

Employer and employee contributions to the Authority total 3% for non-enhanced retirement plans and 3.75% of enhanced retirement plans of each participating employee's salary as required by 10-7C-15 NMSA 1978. The contributions are established by statute and are not based on an actuarial calculation. All employer and employee contributions are non-refundable under any circumstance, including termination of the employer's participation in the Authority.

Current retirees are required to make monthly contributions for individual basic medical coverage. The Board may designate other plans as "optional coverages." See Section 10-7C-13, NMSA 1978 for more details.

## **Note 2 – Summary of Significant Accounting Policies**

**Basis of accounting** – The Authority's financial statements are prepared using the economic resource measurement focus and the accrual basis of accounting. The economic resource measurement focus is used for all assets, deferred outflows, liabilities, deferred inflows, revenues, expenses, gains, and losses. Under the accrual basis of accounting, revenues are recognized in the accounting period in which they are earned, and expenses are recorded at the time liabilities are incurred. Contributions are recognized when due. Benefits and refunds are recognized when due and payable in accordance with the terms of the plan.

**Interest in State General Fund Investment Pool** – Interest in State General Fund Investment Pool include the Authority's pro rata share of liquid internal investment pools to include cash on deposit held by the New Mexico State Treasurer (State Treasurer). Deposits with the State Treasurer are required to be collateralized at a minimum level of 50%. The State Treasurer issues separate financial statements, which disclose the collateral pledged to secure these deposits and the market value of purchased investments. The only checking account is a zero-balance lock box depository at the State Fiscal Agent and monies are transferred daily to the State Treasurer.

**Accounts receivable and employer buy-ins** – Accounts receivable derived from employers and participants consist of amounts due from employers and for contributions relating to payrolls paid prior to June 30, 2025, and amounts due from retirees for monthly premiums. Advance premiums from retirees are recorded as unearned revenues. Accounts receivable also include balances due from other state agencies and charter schools and rebates and Medicare Part D receivables at year end.

Qualified employers previously declining participation may elect to buy-in under 10-7C-1, NMSA 1978. Upon meeting requirements and approval, the employer will pay a determined amount to compensate the Authority and other participants for prior periods of nonparticipation and for additionally incurred liabilities. Payments can be lump sum or on the installment method for up to 13 years and are in addition to regular monthly contributions.

**Investments** – The Authority accounts for its investments in accordance with GASB No. 40 *Deposit and Investment Risk Disclosures* (GASB No. 40) and GASB No. 72 *Fair Value Measurement and Application* (GASB No. 72). Please refer to the financial statements of the State Investment Council and the State Treasurer's Office for full disclosures, including security credit ratings for investment assets that conform to GASB No. 40 requirements. The Authority is subject to the Uniform Prudent Investor Act, NMSA 45-7 and has structured their investment policy to comply to NMSA 45-7.

**Capital assets** – Acquisitions of property and equipment and improvements and replacements of equipment with an initial individual cost of at least \$5,000 (per Section 12-6-10, NMSA 1978) and an estimated useful life in excess of one year are capitalized at cost. Depreciation and amortization are provided using the straight-line method over the estimated useful lives of the assets. Right-to-use assets are amortized over the lesser of the lease term or the useful life of the leased asset. The useful lives are 10 years for furniture and office equipment and three to seven years for computer equipment.

**Leases** – The Authority recognizes lease contracts or equivalents that have a term exceeding one year and the cumulative future payments on the contract exceed \$5,000 that meet the definition of an other-than-short-term lease. The Authority uses a discount rate that is explicitly stated or implicit in the contract. When a readily determinable discount rate is not available, the discount rate is determined using the Authority's incremental borrowing rate at start of the lease for a similar asset type and term length to the contract. Short-term lease payments are expensed when incurred.

**Income taxes** – The Authority provides an essential governmental function to its participants as described in Section 115 of the Internal Revenue Code (the Code) and therefore considers the Authority exempt from federal income taxes pursuant to the Code.

**Net position restricted for postretirement benefits other than pensions** – The plan's net position and State of New Mexico pension tax revenue are restricted to provide for payment of claims and premiums in future years and to continue to provide health benefits to eligible retirees. All fiduciary funds revenue, including pension tax, is held in trust for qualified retirees. These funds are not available to the State of New Mexico for appropriation for other purposes. The restrictions on the plan net position are deemed to be legally enforceable and, therefore, the net position is reported as restricted pursuant to GASB standards. When restricted and unrestricted resources are available for the same purpose, it is the policy of the Authority to first apply the unrestricted resources.

**Program revenue** – Program revenue shown on the accompanying statement of changes in fiduciary net position consists primarily of contributions received from retirees, employers, and employees, including amounts received and accrued from employer buy-ins. Operating revenue is distinguished from non-operating revenue by considering the core purpose of the Authority to provide comprehensive group health insurance. As a result, contributions received from participants are considered operating revenues.

**Budgetary process and budgetary basis of accounting** – The Authority prepares its budget on the accrual basis. Investment gains and losses, depreciation, and changes in incurred but not reported (IBNR) claim expenses are not budgeted. An operating budget is submitted annually for approval to the Budget Division of the New Mexico Department of Finance and Administration (DFA) and reviewed by the Legislative Finance Committee. The Authority submits two budgets reflecting the Health Benefits Administration Fund and Program Support Fund. The legal level of budgetary control is at the functional level. Budget Adjustment Requests must be reviewed by the Department of Finance and Administration. Administrative line-item expenditures may legally exceed amounts budgeted; however, the total budget category expenditures may not legally exceed approved budget category amounts.

**Use of estimates** – The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities as of the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period.

**Net OPEB liability** – The net OPEB liability and the plan's actuarial valuation were calculated by the Authority's independent actuary as of June 30, 2025. The plan's valuation and measurement of the total OPEB liability and related net OPEB liability were performed in accordance with generally accepted accounting principles.

**Net pension liability and related pension amounts** – The Authority, as part of the primary government of the State of New Mexico, is a contributing employer to a cost-sharing multiple employer defined benefit pension plan administered by PERA. Overall, total pension liability exceeds plan net position, resulting in a net pension liability. The State of New Mexico has determined that the State's proportionate share of the net pension liability is a liability of the State of New Mexico as a whole, and the net pension liability or other pension amounts will not be reported in the department or agency level of the State.

**Postemployment benefits – State retiree health care plan** – The Authority, as part of the primary government of the State of New Mexico, is a contributing employer to the Fund on behalf of the Authority's employees and for persons who have retired from certain public service positions in New Mexico. The State has determined the State's share of the net OPEB liability to be a liability of the State as a whole, rather than any agency or department of the State, and the liability will not be reported in the department or agency level financial statements of the State.

Information concerning the net pension and OPEB liabilities, benefit expenses, and benefit-related deferred inflows and deferred outflows of resources of the primary government will be contained in the State of New Mexico Annual Comprehensive Financial Report for the year ended June 30, 2025 and will be available, when issued, from the Office of the State Controller, Room 166, Bataan Memorial Building, 407 Galisteo Street, Santa Fe, New Mexico 87501.

**New and upcoming accounting standards** – The Authority adopted GASB Statement No. 101, *Compensated Absences* during the year ended June 30, 2025. After a review on its compensated absences policy, the Authority determined that certain compensated absences not previously accrued met the definition of compensated absences under GASB No. 101. Pursuant to GASB No. 101, an adjustment of \$80,723 was recorded to net position as of July 1, 2024.

The Authority adopted GASB Statement No. 102, *Certain Risk Disclosures*. Implementation of this new statement had no impact on the financial statements for the year ended June 30, 2025.

GASB Statement No. 103, *Financial Reporting Model Improvements*. The objective of this statement is to improve the financial reporting model for certain key components. The statement enhances the effectiveness in providing information essential for decision making and the government's accountability including certain application issues. Management's discussion and analysis is a key component of financial reporting that will be enhanced to include better discussion about the changes in financial amounts. Unusual or infrequent items, proprietary fund presentation of statement of revenues, expenses, and changes in fund net position, major component unit information and budgetary comparison information will also be enhanced with the model improvements. The statement is effective for the year ending June 30, 2026.

GASB Statement No. 104, *Disclosure of Certain Capital Assets*. Under GASB No. 104, certain types of capital assets will be disclosed separately in the capital assets note disclosures. Right-to-use assets, intangible right to use assets, and subscription assets are to be disclosed separately by major class of the underlying asset in the capital assets note. This statement is effective for the year ending June 30, 2026.

### **Note 3 – Interest in State General Fund Investment Pool**

Compliant with Section 6-10-3, NMSA 1978 and to optimize state cash management and investment practices, funds of various state agencies are deposited in the State General Fund Investment Pool (SGFIP). This pool is managed by the New Mexico State Treasurer's Office. Claims on the SGFIP are reported as financial assets by the various agencies investing in the SGFIP. The comprehensive cash reconciliation model compares aggregated agency claims on the SGFIP to the associated resources held by the State Treasurer's Office. As of June 30, 2025, the DFA provides the following assertions:

1. Resources held in the pool were equivalent to the corresponding business unit claims on those resources.
2. All claims as recorded in SHARE shall be honored at face value.

The fair value of the cash and cash equivalents maintained in the Pool with the New Mexico State Treasurer's Office is as follows:

Fund	SHARE Fund No.	June 30, 2025
Benefits Fund	38100	\$ 55,738,994
Administrative Fund	38000	<u>187,652</u>
Total interest in State General Fund Investment Pool		<u>\$ 55,926,646</u>

This Pool represents cash and short-term investments. The State Treasurer invests excess cash balances on behalf of certain earmarked funds of state agencies identified by State statute and local governments. Interest earnings are distributed based on average outstanding cash balances for local governments and the state agencies where interest is allowed to be earned. All other interest earnings are transferred to the State General Fund. Currently, there are no limitations or restrictions on withdrawals on the investment in the Pool.

**Credit risk and interest rate risk** – The New Mexico State Treasurer pools are not U.S. Securities and Exchange registered. The State Treasurer is authorized to invest the short-term investment funds, with the advice and consent of the State Board of Finance, in accordance with Sections 6-10-10(I) through 6-10-10(O) and Sections 6-10-10(1)(A) and (E), NMSA 1978. At the end of each month, all interest earned is distributed by the State Treasurer to the contributing entities in amounts directly proportionate to the respective amounts deposited in the fund and length of time the funds amounts were invested. The end of the fiscal year credit risk rating and the weighted-average maturity (interest risk in number of days) is available on the State Treasurer's website at [www.nmsto.gov](http://www.nmsto.gov). Participation in the local government pool is voluntary.

#### **Note 4 – Receivables**

The Authority receives contributions monthly from employers who remit the employer and the employee portions. Contributions are statutory, based on the gross payroll reported by each employer for the month. Because gross payroll can change in any month, the Authority does not bill the participating employers but depends on monthly reporting and contributions remitted from employers. Accounts receivable also includes amounts to be received for Medicare Part D. There is no allowance for uncollectible receivables recorded as of June 30, 2025, as management deems any uncollectible amounts as immaterial.

As of June 30, 2025, the buy-in receivable includes notes receivable from Sierra County and Taos Soil and Water Conservation District. The remaining balance on the notes are \$471,468 and \$60,527, respectively. The Sierra County obligation is receivable monthly over 13 years at a 7.5% fixed interest rate, maturing in June 2030. The Taos Soil and Water Conservation District obligation is receivable monthly over 6 years at a 7.5% fixed interest rate, maturing in December 2029. The current and long-term portions on the notes are \$92,493 and \$439,502, respectively.

Revenue is transferred from the New Mexico Taxation and Revenue Department in accordance with NMSA 1978, Section 7-1-6.30 and NMSA 1978, Section 7-1-6.56. Monies are transferred on the month following the month due, and any amount due to the Authority that is not received by June 30 is accrued. Transfers from the New Mexico Taxation and Revenue Suspense Fund are based on a 12% per annum increase of the prior year transfer amount. For the year ended June 30, 2025, revenues totaled \$51,825,124. As of June 30, 2025, amounts due from other governments consist of balances due from the Taxation and Revenue Department (Business Unit: 33300; Fund: 83200) totaling \$4,318,760.

#### **Note 5 – Investments and Fair Value Measurements**

The Authority maintains a joint powers agreement with the New Mexico State Investment Council (NMSIC) to provide investment services in accordance with guidelines listed in the Authority's Investment Policy. The Authority monies are invested in accordance with the NMSA Section 6-8-9. NMSIC issues a separate, publicly available financial report that includes financial statements and required supplementary information.

The Authority's Board of Directors has adopted an investment allocation policy. The Board is authorized to review and amend the investment allocation policy from time to time to meet the Authority's long-term objective. Investments are managed on a total return basis with a long-term objective of achieving and maintaining a fully funded status.

The following schedule summarizes the current investment allocation policy as of June 30, 2025:

Asset Class	Target Allocation
U.S. core fixed income	20%
U.S. equity - large cap	14%
Non-U.S. emerging markets	10%
Non-U.S. developed equities	14%
Private equity	10%
Private debt market	15%
Real estate	10%
Real return	5%
U.S. equity - small/mid cap	2%
	<b>100%</b>

The Authority accounts for its investments in accordance with GASB No. 72 *Fair Value Measurement and Application*, which establishes fair value standards for certain investments held by governmental entities. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Investments are measured at fair value on a recurring basis which is based upon the Authority's share of NMSIC's pooled investments. Fair value measurements are categorized based on the valuation inputs used to measure an asset's fair value. The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

**Level 1** – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Authority has the ability to access.

**Level 2** – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**Level 3** – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used as of June 30, 2025.

The Authority invests in a number of investment pools offered by the NMSIC. Each pool is comprised of units of participation of unlimited quantity. The pools are held in NMSIC's name. No unit in the pool has priority or preference over any other unit and represents an equal beneficial interest in the pool. The valuation the Authority's units in the investment pool is provided by the NMSIC on a monthly basis and represents the fair market value as of that date. Therefore, management has determined that all the investments are measured at Net Asset Value as a practical expedient (NAV practical expedient).

The table below summarizes the investments valued at NAV practical expedient:

Investments Measured at NAV Practical Expedient	Fair Value June 30, 2025	Redemption Frequency	Redemption Notice Period
U.S. Large Cap Index Pool	\$ 272,897,813	4 times per year	3 months
Non-U.S. Emerging Markets Active Pool	149,340,073	Daily	5 business days
Non-U.S. Developed Markets Index Pool	255,219,944	4 times per year	3 months
Private Equity Pool	237,787,117	4 times per year	3 months
Private Debt Market Pool	263,968,126	Daily	5 business days
Real Estate Pool	149,045,136	4 times per year	3 months
U.S. Small/Mid Cap Alt Weighted Index Pool	34,792,219	Daily	5 business days
Real Return Pool	91,989,434	Daily	5 business days
Core Bond Pool	<u>365,830,357</u>	Daily	<u>5 business days</u>
	<u><b>\$ 1,820,870,219</b></u>		

The U.S. Large Cap Index Pool is a passively managed portfolio and seeks to invest in U.S. equities with large market capitalizations. There is a 12-month lockup period on this investment class with a 3-month Notice of Intent to redeem. Redemptions are allowed four times a year and no less than 1 month apart.

The Non-U.S. Emerging Markets Active Pool is a passively managed portfolio benchmarked against the MSCI Emerging Market Free Index and invests in emerging market equities around the globe. Daily redemptions are allowed provided the Authority gives a Notice of Intent to redeem the units five business days in advance unless \$5 million or more is requested, then 30 days' notice is required.

The Non-U.S. Developed Markets Active Pool is actively managed by four investment managers (each focused on large-cap value, large-cap core, large-cap growth, and small-cap value). The pool is benchmarked against the MSCI EAFE Index. There is a 12-month lockup period on this investment class with a 3-month Notice of Intent to redeem. Redemptions are allowed four times a year and no less than 1 month apart.

The Private Equity Pool contains more than 100 private equity funds diversified across the different sectors of private equity and seeks to provide a higher rate of return than the Venture Economics All Private Equity Index. The pool's main goal is to provide growth of capital. There is a 12-month lockup period on this investment class with a 3-month Notice of Intent to redeem. Redemptions are allowed four times a year and no less than 1 month apart.

The Private Debt Market Pool invests in various classes of fixed income securities oriented toward credit. The role of this pool is to provide growth of capital and income generation. The pool is managed by investment managers outside NMSIC. Daily redemptions are allowed provided the Authority gives a Notice of Intent to redeem the units five business days in advance unless \$5 million or more is requested, then 30 days' notice is required.

The Real Estate Pool contains open- and closed-end comingled real estate funds, dominated by stable, core real estate properties. The pool's objective is to match the rate of return on the NCREIF-ODCE index, plus a small premium from active management. The pool seeks to provide modest growth of capital, income generation, and provide diversification from equities and fixed income investment pools. There is a 12-month lockup period on this investment class with a 3-month Notice of Intent to redeem. Redemptions are allowed four times a year and no less than 1 month apart.

The U.S. Small/Mid Cap Alternative Weighted Pool is passively managed in comparison to the Russell 2000 Index portfolio. Daily redemptions are allowed provided the Authority gives a Notice of Intent to redeem the units five business days in advance unless \$5 million or more is requested, then 30 days' notice is required.

The Real Return Pool is managed across 78 funds with 27 managers. The pool seeks to provide a higher rate of return than the Real Assets CPI + 300 bps benchmark. Daily redemptions are allowed provided the Authority gives a Notice of Intent to redeem the units five business days in advance unless \$5 million or more is requested, then 30 days' notice is required.

The Core Bond Pool seeks to exceed returns of the Barclays US Aggregate Bond Index through active external management using complementary core-plus strategies. Daily redemptions are allowed provided the Authority gives a Notice of Intent to redeem the units five business days in advance unless \$5 million or more is requested, then 30 days' notice is required.

The investment and administrative fees are deducted from the ending investment account balance on a monthly basis in accordance with the joint powers agreement. For the year ended June 30, 2025, the annual money-weighted rate of return on the Authority's investments, net of related investment expenses, was 10.58%. The money-weighted rate of return expresses investment performance, net of investment expense, adjusted for the changing amounts actually invested.

## **Note 6 – Capital Assets**

Capital asset balances and activity are summarized as follows for the year ended June 30, 2025:

Description	June 30, 2024	Additions	Deletions	Transfers	June 30, 2025
Furniture and equipment	\$ 264,902	\$ -	\$ (181,469)	\$ -	\$ 83,433
Computer equipment	2,134,524	25,473	-	-	2,159,997
Leased asset - office space	1,158,896	-	-	-	1,158,896
Leased asset - equipment	84,366	84,361	-	-	168,727
	<u>3,642,688</u>	<u>109,834</u>	<u>(181,469)</u>	<u>-</u>	<u>3,571,053</u>
Accumulated depreciation - equipment	(1,828,639)	(264,642)	181,469	-	(1,911,812)
Accumulated amortization - leased assets	(439,725)	(143,584)	-	-	(583,309)
	<u>\$ 1,374,324</u>	<u>\$ (298,392)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,075,932</u>

The Authority has evaluated the capital and leased assets for impairment and determined there was no impairment for the year ended June 30, 2025.

### **Note 7 – Compensated Absences**

Compensated absences, including accumulated vacation, compensating time, and sick leave, are recorded as expenses in the year when earned. Unpaid compensated absences are accrued as a liability at year end pursuant to GASB No. 101 *Compensated Absences*. Vacation earned and not taken is cumulative; however, upon termination, vacation is limited to 240 hours (30 days). Sick pay accumulated in excess of 600 hours, not to exceed 120 hours, is payable semiannually to qualified employees at a rate equal to 50% of the employee's hourly wage.

	Balance as of June 30, 2024 (as restated)	Net decrease	Balance as of June 30, 2025	Amounts due within one year
Compensated absences, net	\$ 176,559	\$ 10,495	\$ 166,064	\$ 116,245

### **Note 8 – Reserve for Losses and Loss Adjustments**

The amount shown on the accompanying statement of fiduciary net position as reserve for losses and loss adjustment expenses is an actuarially calculated estimate of the ultimate costs of settling all incurred, but not reported claims as of June 30, 2025, while the amount shown on the accompanying statement of changes in fiduciary net position as losses and loss adjustment expenses represents the change in this estimate during the year ended June 30, 2025. These reserves represent, in management's opinion, the best estimate of the ultimate cost of settling all reported and unreported claims. A range of variability exists around the best estimate of the ultimate cost of settling all unpaid claims. Accordingly, the amount reflected in the accompanying financial statements may not ultimately be the actual cost of settling all unpaid claims, and the difference may be significant.

As of June 30, 2025, the estimated claims liability for claims incurred but not reported (IBNR) totaled \$21,617,000. This estimated liability represents liability for outstanding claims for services rendered prior to July 1, 2025 and paid after June 30, 2025.

### **Note 9 – Net OPEB Liability**

The components of the net OPEB liability of the employers are as follows:

	<u>June 30, 2025</u>
Total OPEB liability	\$ 3,422,408,572
Plan fiduciary net position	<u>1,865,731,998</u>
Net OPEB liability	<u><u>\$ 1,556,676,574</u></u>
Plan fiduciary net position as a percentage of the total OPEB liability (funded status)	54.52%

The total OPEB liability was determined by an actuarial valuation as of June 30, 2025 using the following actuarial assumptions:

Valuation date	June 30, 2025
Actuarial cost method	Entry age, level percent of pay, calculated on individual employee basis
Asset valuation method	Market value of assets
Actuarial assumptions:	
Inflation	2.30% for ERB; 2.50% for PERA
Projected payroll increases	3.25% to 11.50% based on years of service, including inflation
Investment rate of return	7.25%, net of OPEB plan investment expense and margin for adverse deviation including inflation
Discount rate	7.25%
Healthcare cost trend rate	8.25% graded down to 4.50% over 15 years for Non-Medicare medical plan costs and 8.50% graded down to 4.50% over 16 years for Medicare medical plan costs Actual premium increase for the first year, then 8.25% graded down the 4.50% over 15 years

The long-term expected rate of return on OPEB plan investments was determined using a building-block method in which the expected future real rates of return (net of investment fees and inflation) are developed for each major asset class. These returns are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage. The target allocation and projected arithmetic real rates of return for each major asset class, net of assumed inflation, but before investment expenses, used in the derivation of the long-term expected investment rate of return assumptions are summarized as follows:

Asset Class	Long-Term Rate of Return
U.S. core fixed income	1.9%
U.S. equity - large cap	5.9%
Non-U.S. emerging markets	7.4%
Non-U.S. developed equities	6.2%
Private equity	9.7%
Private credit	6.1%
Real estate	3.5%
Real return	4.0%
U.S. equity - small/mid cap	6.7%

The discount rate used to measure the total OPEB liability is 7.25% as of June 30, 2025. The projection of cash flows used to determine the discount rate assumed that employer contributions will be made at rates proportional to the actuary determined contribution rates. For this purpose, employer contributions that are intended to fund benefits of current plan members and their beneficiaries are included. Projected employer contributions that are intended to fund the service costs for future plan members and their beneficiaries are included. Based on those assumptions, the OPEB plan's fiduciary net position was projected to be available to make all projected future benefit payments for current plan members. The 7.25% assumed investment return on plan assets, which includes the assumed inflation rate of 2.50%, was used to calculate the net OPEB liability.

The following presents the net OPEB liability, calculated using the discount rate of 7.25%, as well as what the Fund's net OPEB liability would be if it were calculated using a discount rate that is 1% lower or 1% higher than the current rate:

1% Decrease (6.25%)	Current Discount (7.25%)	1% Increase (8.25%)
\$ 1,996,155,284	\$ 1,556,676,574	\$ 1,190,599,579

The following presents the net OPEB liability calculated using the current healthcare cost trend rates as well as what Fund's net OPEB liability would be if it were calculated using a healthcare cost trend rate that is 1% point lower or 1% point higher than the current rate:

1% Decrease	Current Trend	1% Increase
\$ 1,157,265,150	\$ 1,556,676,574	\$ 2,045,917,424

#### **Note 10 – Pension Plan (Public Employees Retirement Plan)**

**Plan description** – Substantially all of the Authority's full-time employees participate in a public employee retirement system authorized under the Public Employees Retirement Act (Chapter 10, Article 11 NMSA 1978). PERA is the administrator of the plan, which is a cost-sharing multiple-employer defined benefit retirement plan. The plan provides for retirement benefits, disability benefits, survivor benefits, and cost-of-living adjustments to plan members and beneficiaries. PERA issues a separate, publicly available financial report that includes financial statements and required supplementary information for the plan. That report may be obtained by writing to PERA; P.O. Box 2123; Santa Fe, New Mexico 87504-2123 or on PERA's website at [www.nmpera.org](http://www.nmpera.org).

**Funding policy** – Plan members are required to contribute 10.92% of their gross pay. The Authority is required to contribute 19.24% of gross covered salary. The contribution requirements of plan members and the Authority are established under Chapter 10, Article 11 NMSA 1978. The requirements may be amended by acts of the Legislature. The Authority's contributions to PERA for the year ended June 30, 2025 totaled \$354,918, equal to the amount of the required contribution for the year.

## **Note 11 – Post-Employment Benefits (State Retiree Health Care Plan)**

**Plan description** – The Authority, as an employer, contributes to the Fund, a cost-sharing multiple-employer defined benefit postemployment healthcare plan administered by the Authority. The Authority provides healthcare insurance and prescription drug benefits to retired employees of participating employers, their spouses, dependents, and surviving spouses and dependents. The Authority's Board was established by the Act (Chapter 10, Article 7C, NMSA 1978). The Board is responsible for establishing benefit provisions of the healthcare plan and is also authorized to designate optional and/or voluntary benefits like dental, vision, supplemental life insurance, and long-term care policies.

Eligible retirees are: 1) retirees who make contributions to the fund for at least five years prior to retirement and whose eligible employer during the period of time made contributions as a participant in plan on the person's behalf, unless that person retires before the employer's effective date, in which event the time period required for employee and employer contributions shall become the period of time between the employer's effective date and the date of retirement; 2) retirees defined by the Act who retired prior to July 1, 1990; 3) former legislators who served at least two years; and 4) former governing authority members who served at least four years.

The Authority issues a publicly available stand-alone financial report that includes financial statements and required supplementary information for the postemployment healthcare plan. That report and further information can be obtained by writing to the New Mexico Retiree Health Care Authority at 6300 Jefferson Street NE, Suite 150; Albuquerque, NM 87109.

**Funding policy** – The Act authorizes the Board to establish the monthly premium contributions that retirees are required to pay for healthcare benefits. Each participating retiree pays a monthly premium according to a service-based subsidy rate schedule for the medical, plus basic life plan, plus an additional participation fee of five dollars (\$5) if the eligible participant retired prior to the employer's effective date or is a former legislator or former governing authority member. Former legislators and governing authority members are required to pay 100% of the insurance premium to cover their claims and the administrative expenses of the plan. The monthly premium rate schedule can be obtained from the Authority or viewed on their website at [www.nmrhca.org](http://www.nmrhca.org).

The employer, employee, and retiree contributions are required to be remitted to the Authority on a monthly basis. The statutory requirements for the employer and employee contributions can be changed by the New Mexico State Legislature. Employers that choose to become participating employers after January 1, 1998, are required to make contributions to the fund in the amount determined to be appropriate by the Board.

The Act is the statutory authority that establishes the required contributions of participating employers and their employees. For employees that were members of an enhanced retirement plan (state police and adult correctional officer member coverage plan 1; municipal police member coverage plans 3, 4, or 5; municipal fire member coverage plan 3, 4, or 5; municipal detention officer member coverage plan 1; and members pursuant to the Judicial Retirement Act) during the fiscal year ended June 30, 2015, the statute required each participating employer to contribute 2.5% of each participating employee's annual salary; and each participating employee was required to contribute 1.25% of their salary. For employees that were not members of an enhanced plan during the fiscal year ended June 30, 2021, the statute required each participating employer to contribute 2% of each participating employee's annual salary; each participating employee was required to contribute 1% of their salary. In addition, pursuant to Section 10-7C-5(G) NMSA 1978, at the first session of the Legislature following July 1, 2014, the legislature shall review and adjust the distributions pursuant to Section 7-1-6.1 NMSA 1978 and the employer and employee contributions to the authority in order to ensure the actuarial soundness of the benefits provided under the Act.

The Authority's contributions to the plan for the year ended June 30, 2025 totaled \$36,894, which equals the required contributions for the year.

#### **Note 12 – Joint Powers Agreements**

The Authority has entered into two joint powers agreements:

1. An agreement exists between the Authority and the New Mexico State Investment Council (NMSIC) under which NMSIC acts as the investment manager of the Retiree Health Care Fund for the Authority and will invest the Authority's long-term reserves and provide services in accordance with the guidelines provided in the Authority's Investment Policy. The agreement was effective June 25, 1992, renewed December 8, 2011, and continues in force until terminated by either party upon 30 days' written notice to the other party.

The funds under management are invested by NMSIC in accordance with the provision of NMSA 1978, Sections 6-8-1 through 6-8-16. Fees charged for investment services are netted from investment income provided by the Authority on a monthly basis.

The Authority's policy determines the amount to invest with NMSIC. The Authority maintains ownership of all securities and cash balances on deposit in the Authority's accounts at the New Mexico State Treasurer's Office, the fiscal agent bank, and the custodial bank. The Authority is responsible for all audits performed relating to its financial records, including all investment transactions.

2. An agreement exists among the Authority, New Mexico Public Schools Insurance Authority, Albuquerque Public Schools, and the State's Risk Management Division of the General Services Department (collectively, the Interagency Benefits Advisory Committee). The purpose is to authorize the parties to exercise their common powers to provide and administer healthcare insurance programs, and to implement the purposes of the Health Care Purchasing Act. Each agency acts as its own fiscal agent for cost purposes. The agreement was effective March 15, 1999 and continues in force until terminated by any party upon 90 days' written notice to the other parties.

#### **Note 13 – Optional Coverages**

The Authority offers voluntary coverages to eligible retirees: two dental plans, a vision plan, and supplemental life. The plans are a pay-all basis by the retiree, whereby the retiree pays monthly for the entire premium for any optional coverages opted for and the Authority in turn pays the optional plan provider the monies collected from the retiree. Therefore, the revenue generated through the collection of optional premium dollars by the Authority is a direct dollar-for-dollar pass through to the providers of optional coverages. Revenues are recorded as retiree contributions and expenses are recorded as premiums in the financial statements.

#### **Note 14 – Legally Required Reserves**

There is no stated monetary reserve requirement. Under Section 10-7C-8, NMSA 1978, the Authority's Board is charged with determining what is to comprise the long-term reserves. Those long-term reserves are to be placed in investments pursuant to Section 6 8-1 through 6-8-16, NMSA 1978.

#### **Note 15 – Leases**

As of June 30, 2025, the Authority has following contracts that are considered other than short-term leases:

<u>Lease Type</u>	<u>Lease Term</u>
Office space	September 1, 2020 - August 31, 2030
Office equipment	September 29, 2020 - September 17, 2024
Office equipment	March 1, 2023 - February 28, 2027
Office equipment	March 8, 2023 - February 28, 2027
Office equipment	December 18, 2024 - December 31, 2029
Office equipment	January 1, 2025 - December 31, 2028

There are no residual value guarantees included in the measurement of the Authority's lease liability for either lease or recognized as expenses for the year ended June 30, 2025. The Authority does not have any commitments that were incurred at the commencement of the leases. No termination penalties were incurred during the year ended June 30, 2025.

The change in lease liability for the year ended June 30, 2025, is summarized as follows:

June 30, 2024	Additions	Payments	June 30, 2025	Amounts Due Within One Year
\$ 847,057	\$ 84,361	\$ (137,703)	\$ 793,715	\$ 153,793

Future principal and interest lease payments as of June 30, 2025 are as follows:

Year Ending June 30,	Principal	Interest	Total
2026	\$ 153,793	\$ 7,603	\$ 161,396
2027	156,831	5,710	162,541
2028	157,160	3,879	161,039
2029	155,523	2,061	157,584
2030	145,870	780	146,650
2031	24,538	23	24,561
	<u>\$ 793,715</u>	<u>\$ 20,056</u>	<u>\$ 813,771</u>

#### **Note 16 – Commitments and Contingencies**

The Authority is subject to various legal proceedings, claims, and liabilities that arise in the ordinary course of operations, including personnel matters. In the opinion of the Authority's management and legal counsel, the ultimate resolution of such matters will not have a material adverse impact on the financial position or results of operations of the Authority.

The Authority is exposed to various risks of loss for which the Authority carries insurance (Auto; Employee Fidelity Bond; General Liability; Civil Rights and Foreign Jurisdiction; Money and Securities; Property; and Workers' Compensation) with the State of New Mexico Risk Management Division (RMD). The Authority pays premiums to participate in the State Insurance Program. Coverages are designed to satisfy the requirements of the State tort claims. Also, any claims are processed through RMD. There are no pending or threatened legal proceedings at year-end.

### **Note 17 – Appropriations and Reversions**

The following operating transfers occurred between the Authority's functional activities during the year ended June 30, 2025:

	Benefits 38100 From (To)	Administration 38000 From (To)
Administration appropriation	\$ (4,125,200)	\$ 4,125,200
Reversion of administration	<u>288,603</u>	<u>(288,603)</u>
	<u><u>\$ (3,836,597)</u></u>	<u><u>\$ 3,836,597</u></u>

The purpose of the operating transfers is to fund appropriations and revert unused appropriations between funds. The operating transfers are conducted on a routine basis.

The Authority submits annually for approval an Administrative Budget Request as part of the operating budget. The DFA and the Legislative Finance Committee (LFC) review the request, and the Legislature takes action to approve and/or amend the Authority's administrative request. Appropriated amounts are then transferred into the Administrative Fund from the Benefits Funds. Unused appropriations from the Benefits Fund to the Administration Fund, if any, revert back to the Benefits Fund, but unused appropriations from the State General Fund to the Discount Prescription Drug Program Fund do not generally revert back to the State General Fund per 10-7C-18 NMSA 1978.

The Authority recorded a \$4,125,200 appropriation from the Benefits Fund to the Administration Fund for fiscal year 2025 (NM-HB2, Section 3). As of June 30, 2025, reversions totaling \$288,603 were returned to the Benefits Fund.

## **Required Supplementary Information**

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**Schedule of Revenues and Expenses – Budget and Actual: Administrative Fund**  
**Year Ended June 30, 2025**

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	Original Budget	Final Budget	Actual	Variance
<b>REVENUES</b>				
Investment income	\$ -	\$ -	\$ 106,866	\$ (106,866)
Total revenues	- -	- -	106,866	(106,866)
<b>EXPENSES</b>				
Personal services/employee benefits	2,751,700	2,751,700	2,560,080	191,620
Contractual services	748,300	748,300	677,180	71,120
Other	625,200	625,200	421,950	203,250
Total expenses	<u>4,125,200</u>	<u>4,125,200</u>	3,659,210	465,990
<b>TRANSFERS</b>				
Transfers in - Intra agency from SHARE 38100	4,125,200	4,125,200	4,125,200	-
Transfers out - Intra agency to SHARE 38100 - reversion	- -	- -	(288,603)	288,603
Net transfers	<u>\$ 4,125,200</u>	<u>\$ 4,125,200</u>	<u>\$ 3,836,597</u>	<u>\$ 288,603</u>
<b>NET CHANGE (budgetary basis)</b>			\$ 284,253	
Depreciation and amortization			(177,385)	
<b>NET CHANGE (GAAP basis)</b>			<u>\$ 106,868</u>	

**Schedule of Revenues and Expenses – Budget and Actual: Benefits Fund**  
**Year Ended June 30, 2025**

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	Original Budget	Final Budget	Actual	Variance
<b>REVENUES</b>				
Retiree contributions	\$ 174,319,800	\$ 174,319,800	\$ 168,874,082	\$ 5,445,718
Employer/employee contributions	141,002,600	141,002,600	203,420,083	(62,417,483)
Pension taxes	51,815,100	51,815,100	51,825,124	(10,024)
Investment income	100,000	100,000	3,171,577	(3,071,577)
Medicare Part D subrogation, rebates and other	38,959,400	38,959,400	49,517,890	(10,558,490)
 Total revenues	 406,196,900	 406,196,900	 476,808,756	 (70,611,856)
<b>EXPENSES</b>				
Contractual services	402,026,700	402,026,700	358,701,566	43,325,134
Other	45,000	45,000	39,805	5,195
 Total expenses	 402,071,700	 402,071,700	 358,741,371	 43,330,329
<b>TRANSFERS</b>				
Transfers in - Intra agency				
from SHARE 38000 - reversion	-	-	288,603	288,603
Transfers out - Intra agency				
to SHARE 38000	(4,125,200)	(4,125,200)	(4,125,200)	-
 Total transfers	 \$ (4,125,200)	 \$ (4,125,200)	 \$ (3,836,597)	 \$ 288,603
<b>NET CHANGE (budgetary basis)</b>				
Gain on investments excluding interest			\$ 114,230,788	
Employer buy-ins revenue and interest portion			167,669,588	
Change in IBNR liability			43,426	
Refunds - retirees			2,357,000	
Depreciation			(330,937)	
			(230,841)	
 NET CHANGE (GAAP basis)	 \$ 283,739,024			

## Schedule of Changes in Net OPEB Liability

### Year Ended June 30, 2025

	2025	2024	2023	2022	2021	2020	2019	2018	2017
<b>TOTAL OPEB LIABILITY</b>									
Service cost	\$ 74,114,233	\$ 76,343,178	\$ 91,535,036	\$ 155,314,732	\$ 171,993,017	\$ 123,904,973	\$ 156,597,766	\$ 188,372,284	\$ 265,229,268
Interest	236,114,998	190,978,881	190,482,868	163,469,038	147,282,724	169,239,236	208,666,100	199,583,585	187,563,383
Differences between expected and actual experience	(178,597,429)	(30,797,837)	(179,637,831)	(36,122,262)	57,769,743	(150,535,215)	(754,197,414)	(145,524,098)	(210,435,519)
Changes in assumptions	105,327,407	206,616,516	(430,050,222)	(1,125,435,751)	(894,201,807)	989,792,910	(535,456,730)	(225,363,066)	(958,756,001)
Change of benefit terms	(43,364,912)	(13,121,991)	-	-	802,116	6,623,960	14,004,267	-	-
Claims and premiums	(356,425,289)	(328,748,749)	(335,094,393)	(323,478,948)	(315,956,002)	(318,068,212)	(295,383,494)	(320,403,577)	(294,107,402)
Retiree's contributions offset to claims and premiums	168,741,082	174,823,355	174,521,312	180,500,394	177,054,535	178,132,212	172,270,192	167,949,226	153,464,136
Medicare Part D and rebates offset to claims and premiums	49,731,614	41,011,213	70,607,015	43,201,979	36,525,086	30,352,322	26,625,941	30,255,096	26,944,632
<b>NET CHANGE IN TOTAL OPEB LIABILITY</b>	<b>55,641,704</b>	<b>317,104,566</b>	<b>(417,636,215)</b>	<b>(942,550,818)</b>	<b>(618,730,588)</b>	<b>1,029,442,186</b>	<b>(1,006,873,372)</b>	<b>(105,130,550)</b>	<b>(830,097,503)</b>
<b>TOTAL OPEB LIABILITY - BEGINNING</b>	<b>3,366,766,868</b>	<b>3,049,662,302</b>	<b>3,467,298,517</b>	<b>4,409,849,335</b>	<b>5,028,579,923</b>	<b>3,999,137,737</b>	<b>5,006,011,109</b>	<b>5,111,141,659</b>	<b>5,941,239,162</b>
<b>TOTAL OPEB LIABILITY - ENDING (a)</b>	<b>3,422,408,572</b>	<b>3,366,766,868</b>	<b>3,049,662,302</b>	<b>3,467,298,517</b>	<b>4,409,849,335</b>	<b>5,028,579,923</b>	<b>3,999,137,737</b>	<b>5,006,011,109</b>	<b>5,111,141,659</b>
<b>PLAN FIDUCIARY NET POSITION</b>									
Contributions - employee and retiree	236,680,776	238,503,715	231,792,538	231,293,073	225,347,087	226,384,131	216,528,376	210,650,057	196,393,352
Contributions - employer	135,613,389	127,360,721	114,542,451	101,585,358	96,585,103	96,503,837	88,516,368	85,401,662	85,858,432
Net investment income	170,948,031	115,267,086	71,822,199	(49,543,613)	217,737,204	10,836,882	41,663,496	49,757,591	67,759,695
Other revenue	101,386,440	87,330,275	111,970,533	80,143,573	69,518,696	59,821,098	52,949,453	57,529,941	55,556,164
Claims and premiums paid	(356,344,566)	(328,748,749)	(335,094,393)	(323,815,703)	(315,956,002)	(316,936,067)	(296,417,494)	(321,479,577)	(294,393,452)
Administrative expenses	(4,438,178)	(4,472,866)	(4,002,146)	(3,466,768)	(3,404,448)	(3,686,967)	(4,147,502)	(3,672,021)	(4,179,901)
<b>NET CHANGE IN PLAN FIDUCIARY NET POSITION</b>	<b>283,845,892</b>	<b>235,240,182</b>	<b>191,031,182</b>	<b>36,195,920</b>	<b>289,827,640</b>	<b>72,922,914</b>	<b>99,092,697</b>	<b>78,187,653</b>	<b>106,994,290</b>
<b>PLAN FIDUCIARY NET POSITION - BEGINNING</b>	<b>1,581,966,829</b>	<b>1,346,726,647</b>	<b>1,155,695,465</b>	<b>1,119,499,545</b>	<b>829,671,905</b>	<b>756,748,991</b>	<b>657,656,294</b>	<b>579,468,641</b>	<b>472,474,351</b>
Implementation of GASB No. 101	(80,723)	-	-	-	-	-	-	-	-
<b>PLAN FIDUCIARY NET POSITION - BEGINNING, AS RESTATED</b>	<b>1,581,886,106</b>	<b>1,346,726,647</b>	<b>1,155,695,465</b>	<b>1,119,499,545</b>	<b>829,671,905</b>	<b>756,748,991</b>	<b>657,656,294</b>	<b>579,468,641</b>	<b>472,474,351</b>
<b>PLAN FIDUCIARY NET POSITION - ENDING (b)</b>	<b>1,865,731,998</b>	<b>1,581,966,829</b>	<b>1,346,726,647</b>	<b>1,155,695,465</b>	<b>1,119,499,545</b>	<b>829,671,905</b>	<b>756,748,991</b>	<b>657,656,294</b>	<b>579,468,641</b>
<b>NET OPEB LIABILITY (a) - (b)</b>	<b>\$ 1,556,676,574</b>	<b>\$ 1,784,800,039</b>	<b>\$ 1,702,935,655</b>	<b>\$ 2,311,603,052</b>	<b>\$ 3,290,349,790</b>	<b>\$ 4,198,908,018</b>	<b>\$ 3,242,388,746</b>	<b>\$ 4,348,354,815</b>	<b>\$ 4,531,673,018</b>
<b>DISCOUNT RATE</b>	7.25%	7.00%	6.22%	5.42%	3.62%	2.86%	4.16%	4.08%	3.81%
<b>PLAN FIDUCIARY NET POSITION AS A PERCENTAGE OF TOTAL OPEB LIABILITY</b>	54.52%	46.99%	44.16%	33.33%	25.39%	16.50%	18.92%	13.14%	11.34%
<b>COVERED PAYROLL</b>	\$ 6,246,365,057	\$ 5,609,136,993	\$ 4,952,012,764	\$ 4,745,115,641	\$ 4,614,243,876	\$ 4,298,116,494	\$ 4,172,928,635	\$ 4,290,616,760	\$ 4,165,647,340
<b>NET OPEB LIABILITY AS A PERCENTAGE OF COVERED PAYROLL</b>	24.92%	31.82%	34.39%	48.72%	71.31%	97.69%	77.70%	101.35%	108.79%

**NOTES:**

Changes in assumptions consist primarily of the effects of changes in the discount rate each year and items noted below:

2024: Changes in assumptions include updates to the valuation year per capita health costs, including drug rebates and EGWP revenue on the Medicare plans and removal of the excise tax thresholds on benefits.

2019: Changes in assumptions include decrease in expected participation rates for future retirees from 75% to 60%, and a decrease in the spousal coverage rate for future male retirees from 55% to 35%.

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Authority will present information for those years with available information.

**Schedule of Employer Contributions**  
**Year Ended June 30, 2025**

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Year Ended June 30,	Contributions in Relation to the					Contributions as a Percentage of Covered Payroll
	Actuarially Determined Contributions	Actuarially Determined Contributions	Contributions Deficiency	Covered Payroll		
2025	\$ 135,613,389	\$ 135,613,389	\$ -	\$ 6,246,365,057		2.17%
2024	127,360,721	127,360,721	-	5,609,136,993		2.27%
2023	114,542,451	114,542,451	-	4,952,012,764		2.31%
2022	101,585,358	101,585,358	-	4,745,115,641		2.14%
2021	96,585,103	96,585,103	-	4,614,243,876		2.09%
2020	96,503,837	96,503,837	-	4,298,116,494		2.25%
2019	88,516,368	88,516,368	-	4,172,928,635		2.12%
2018	85,401,662	85,401,662	-	4,290,616,760		1.99%
2017	85,858,432	85,858,432	-	4,165,647,340		2.06%

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Authority will present information for those years with available information.

Actuarial methods and assumptions used

Actuarial cost method	Entry age, level percent of pay, calculated on individual basis
Amortization method	Level percent of payroll
Remaining amortization period	30 years open (non-decreasing)
Asset valuation method	Market value of assets
Actuarial assumptions	
Investment rate of return	7.25%
Inflation rate	2.30% for ERB and 2.50% for PERA
Salary increases	3.25%-11.50%

**Schedule of Investment Returns**  
**Year Ended June 30, 2025**

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<u>Year Ended June 30,</u>	<u>Annual Money - Weighted Rate of Return</u>
2025	10.58%
2024	11.47%
2023	5.99%
2022	-0.86%
2021	22.59%
2020	1.43%
2019	6.53%
2018	9.06%
2017	13.98%

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Authority will present information for those years with available information.

## **Supplementary Information**

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**Schedule 1 – Combining Schedule of Fiduciary Net Position  
by Functional Activity**  
**June 30, 2025**

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	Benefits 38100	Administration 38000	Eliminations	Total
<b>ASSETS</b>				
Interest in State General Fund Investment Pool	\$ 55,738,994	\$ 187,652	\$ -	\$ 55,926,646
Receivables				
Contributions - employers, employees, and retirees	14,564,484	-	-	14,564,484
Due from other governments	4,318,760	-	-	4,318,760
Due from charter schools	623,605	-	-	623,605
Accounts receivable - rebates and Medicare Part D	2,788,551	-	-	2,788,551
Buy-in obligations receivable	531,995	-	-	531,995
Total receivables	22,827,395	-	-	22,827,395
Investments with New Mexico State Investment Council				
U.S. Large Cap Index Pool	272,608,170	289,643	-	272,897,813
Non-U.S. Emerging Markets Active Pool	149,181,569	158,504	-	149,340,073
Non-U.S. Developed Markets Index Pool	254,949,063	270,881	-	255,219,944
Private Equity Pool	237,542,130	244,987	-	237,787,117
Private Debt Market Pool	263,694,226	273,900	-	263,968,126
Real Estate Pool	148,887,908	157,228	-	149,045,136
U.S. Small/Mid Cap Alternative Weighted Index Pool	34,755,292	36,927	-	34,792,219
Real Return Pool	91,894,335	95,099	-	91,989,434
Core Bond Pool	365,442,080	388,277	-	365,830,357
Total investments	1,818,954,773	1,915,446	-	1,820,870,219
Capital assets, net of accumulated depreciation and amortization	243,148	832,784	-	1,075,932
Total assets	1,897,764,310	2,935,882	-	1,900,700,192
<b>LIABILITIES</b>				
Accounts payable	11,873,976	123,148	-	11,997,124
Payroll liabilities	-	58,135	-	58,135
Lease liabilities	(639,922)	793,715	-	153,793
Compensated absences	(49,819)	166,064	-	116,245
Reserve for loss and loss adjustment expense	21,617,000	-	-	21,617,000
Retiree premiums received in advance	336,156	-	-	336,156
Total liabilities	33,137,391	1,141,062	-	34,278,453
<b>NET POSITION RESTRICTED FOR POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS</b>	<b>\$ 1,864,626,919</b>	<b>\$ 1,794,820</b>	<b>\$ -</b>	<b>\$ 1,866,421,739</b>

**Schedule 2 – Combining Schedule of Changes in Fiduciary Net Position  
by Functional Activity  
Year Ended June 30, 2025**

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	Benefits 38100	Administration 38000	Eliminations	Total
<b>ADDITIONS</b>				
Contributions				
Retiree	\$ 168,874,082	\$ -	\$ -	\$ 168,874,082
Employer/employee	203,420,083	-	-	203,420,083
Employer buy-ins interest portion	<u>43,426</u>	<u>-</u>	<u>-</u>	<u>43,426</u>
Total contributions	<u>372,337,591</u>	<u>-</u>	<u>-</u>	<u>372,337,591</u>
Investment income				
Net appreciation in fair value of investments	167,669,588	-	-	167,669,588
Interest	<u>3,171,577</u>	<u>106,866</u>	<u>-</u>	<u>3,278,443</u>
Total investment income	<u>170,841,165</u>	<u>106,866</u>	<u>-</u>	<u>170,948,031</u>
Other				
Taxation administration fund revenue	51,825,124	-	-	51,825,124
Medicare Part D subrogation, rebates and other	<u>49,517,890</u>	<u>-</u>	<u>-</u>	<u>49,517,890</u>
Total other	<u>101,343,014</u>	<u>-</u>	<u>-</u>	<u>101,343,014</u>
Total additions	<u>644,521,770</u>	<u>106,866</u>	<u>-</u>	<u>644,628,636</u>
<b>DEDUCTIONS</b>				
Premiums and claims	356,344,566	-	-	356,344,566
General and administrative expenses	39,805	3,659,210	-	3,699,015
Refunds to retirees	330,937	-	-	330,937
Depreciation and amortization	<u>230,841</u>	<u>177,385</u>	<u>-</u>	<u>408,226</u>
Total deductions	<u>356,946,149</u>	<u>3,836,595</u>	<u>-</u>	<u>360,782,744</u>
<b>OTHER FINANCING (USES) SOURCES</b>				
Transfers in (out), net	<u>(3,836,597)</u>	<u>3,836,597</u>	<u>-</u>	<u>-</u>
Net other financing (uses) sources	<u>(3,836,597)</u>	<u>3,836,597</u>	<u>-</u>	<u>-</u>
<b>NET CHANGE</b>	<u>283,739,024</u>	<u>106,868</u>	<u>-</u>	<u>283,845,892</u>
<b>NET POSITION RESTRICTED FOR POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS</b>				
Beginning of year, as originally stated	1,580,198,154	1,768,675	-	1,581,966,829
Implementation of GASB No. 101	<u>-</u>	<u>(80,723)</u>	<u>-</u>	<u>(80,723)</u>
Beginning of year, as restated	<u>1,580,198,154</u>	<u>1,687,952</u>	<u>-</u>	<u>1,581,886,106</u>
End of year	<u>\$ 1,863,937,178</u>	<u>\$ 1,794,820</u>	<u>\$ -</u>	<u>\$ 1,865,731,998</u>

**Schedule 3 – Schedule of Investment Fees**  
**Year Ended June 30, 2025**

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Investment Class	Value of Investment	Management Fees
U.S. Large Cap Index Pool	\$ 272,897,813	\$ 23,470
Core Bond Pool	365,830,357	348,837
Private Equity Pool	237,787,117	-
Private Debt Market Pool	263,968,126	-
Non-U.S. Developed Markets Index Pool	255,219,944	95,550
Real Estate Pool	149,045,136	-
Non-US Emerging Markets Active Pool	149,340,073	649,306
Real Return Pool	91,989,434	61,433
U.S. Small/Mid Cap Alternative Weighted Index Pool	<u>34,792,219</u>	<u>12,348</u>
	<u><u>\$ 1,820,870,219</u></u>	<u><u>\$ 1,190,944</u></u>

## **Other Information**

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**Schedule 4 – Combining Schedule of General and Administrative Expenses  
by Functional Activity  
Year Ended June 30, 2025**

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	Benefits 38100	Administration 38000	Total
<b>GENERAL AND ADMINISTRATIVE EXPENSES</b>			
Personnel costs	\$ -	\$ 1,861,877	\$ 1,861,877
Employee benefits	-	698,203	698,203
Contractual services	-	677,180	677,180
Operating costs	39,805	338,135	377,940
Supplies	-	46,656	46,656
In-state travel	-	23,119	23,119
Out-of-state travel	-	14,040	14,040
	<hr/> <u>\$ 39,805</u>	<hr/> <u>\$ 3,659,210</u>	<hr/> <u>\$ 3,699,015</u>

**Schedule 5 – Combining Schedule of State General Fund Investment Pool**  
**June 30, 2025**

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	Benefits 38100	Administration 38000	Total
<b>INVESTMENT BALANCES PER DFA</b>			
New Mexico State Treasurer			
Share Fund 34300-38100	\$ 55,738,994	\$ -	\$ 55,738,994
Share Fund 34300-38000	<hr/> -	<hr/> 187,652	<hr/> 187,652
	<hr/> <u>\$ 55,738,994</u>	<hr/> <u>\$ 187,652</u>	<hr/> <u>\$ 55,926,646</u>

**Schedule 6 – Schedule of Appropriations**  
**Year Ended June 30, 2025**

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Description	Authority	Appropriation Period	Share Fund	Total Appropriation	Prior Year Expenditures	Current Year Expenditures	Current Year Reversion Amount
Administrative Fund program support	Laws 2024 House Bill 2	2025	38000	\$ 4,125,200	\$ -	\$ 3,836,597	\$ 288,603

According to 10-7C-16 NMSA 1978, funds to administer the New Mexico Retiree Health Care Act are to be made by an operating budget adopted by the Board, adopted by the State Budget Division, and pursuant to appropriation by the Legislature. The appropriated amounts to SHARE Fund 38000 are recorded as transfers between Benefit Fund (38100) and the Administrative Fund (38000). See Note 17. Unexpended amounts under the special appropriation are not recognized until all eligibility requirements have been fulfilled under the appropriation including the expenditure of allowable amounts.

# **Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards***

The Board of Directors  
New Mexico Retiree Health Care Authority

Joseph M. Maestas, PE, CFE  
New Mexico State Auditor

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the fiduciary net position and changes in fiduciary net position of New Mexico Retiree Health Care Authority as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise New Mexico Retiree Health Care Authority's basic financial statements, and have issued our report thereon dated November 25, 2025.

## **Report on Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered New Mexico Retiree Health Care Authority's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of New Mexico Retiree Health Care Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of New Mexico Retiree Health Care Authority's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

## **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether New Mexico Retiree Health Care Authority's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Baker Tilly US, LLP". The signature is fluid and cursive, with "Baker Tilly" on the top line and "US, LLP" on the bottom line.

Albuquerque, New Mexico  
November 25, 2025

**Schedule of Findings and Responses**  
**Year Ended June 30, 2025**

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**FINANCIAL STATEMENTS**

Type of auditors' report issued:	Unmodified	
Internal control over financial reporting:		
• Material weakness(es) identified?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
• Significant deficiency(ies) identified not considered to be material weakness?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> None reported
Compliance and other matters noted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**FINANCIAL STATEMENT FINDINGS**

None reported

**FINDINGS IN ACCORDANCE WITH 2.2.2. NMAC – OTHER**

None reported

**Schedule of Prior Year Findings**  
**Year Ended June 30, 2025**

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**RESOLUTION OF PRIOR YEAR FINDINGS**

No findings reported in prior year.

**Exit Conference**  
**June 30, 2025**

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An exit conference was held on November 18, 2025, in a closed session, with the following in attendance:

**New Mexico Retiree Health Care Authority Personnel and Board Members**

Donna Sandoval, Board Member – Municipal League, City of Albuquerque

Lance Pyle – Board Member – New Mexico Association of Counties

Christine Anaya – Designee for State Treasurer of New Mexico

Neil Kueffer, Executive Director

Linda Atencio, Deputy Director

Sheri Ayanniyi, Chief Financial Officer

Jess Biggs, RHCA

**Baker Tilly US, LLP**

Kory Hoggan, Principal

Aaron Hamilton, Senior Manager

The Authority is responsible for the contents of the financial statements Baker Tilly US, LLP assisted with the preparation and formatting of the financial statements.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

## **Out-of-state Travel Request - Action Item\***

**Background:** The New Mexico Retiree Health Care Authority (NMRHCA) is a member of the State and Local Government Benefits Association (SALGBA), a national organization that provides education, collaboration, and professional development opportunities for public-sector employee benefits professionals.

SALGBA is comprised of approximately 1,500 members representing public benefit organizations from all 50 states, the District of Columbia, and the U.S. Virgin Islands. Collectively, its members provide health benefits coverage to more than 10 million lives and oversee more than \$14 billion in annual health-care spending. Among its active membership are some of the largest self-funded health plans in the United States, making SALGBA a key forum for sharing best practices related to plan governance, cost containment, and fiduciary oversight.

The organization serves as an important resource for information on national benefit trends, regulatory and legislative developments, cost-containment strategies, and emerging health-care solutions. It facilitates collaboration through conferences, educational programming, and peer-to-peer networking opportunities.

Registration for the National SALGBA Conference is currently open. The conference will be held May 4 through May 7 in Providence, Rhode Island, with educational sessions beginning on May 4 and concluding on May 7.

Attendance at this conference provides NMRHCA staff with a valuable opportunity to engage directly with peer agencies from across the country, exchange best practices, and gain insight into national trends affecting retiree health-care benefits. Conference sessions address cost-reduction and cost-containment strategies, evolving health-care delivery models, regulatory and legislative developments, and innovative approaches to managing complex public-sector benefit programs. Participation supports NMRHCA's responsibility to remain informed, fiscally responsible, and proactive in addressing the challenges facing retiree health-care plans. A detailed agenda outlining the sessions and topics is attached for the Board's review.

**Requested Action:** NMRHCA staff respectfully requests approval to attend the National Conference of the State and Local Government Benefits Association, to be held May 4–May 7, in Providence, Rhode Island, as outlined in the attached conference agenda.



## Agenda

### May 4, 2026

**SALGBA Tour** - 8:00 AM-3:00 PM

**Registration Open** - 11:00 AM-6:30 PM

**Opening Night Reception sponsored by UnitedHealthcare** - 5:00 PM-6:30 PM

### May 5, 2026

**Coffee with Exhibitors** - 7:30 AM-8:15 AM

**Registration** - 7:30 AM-5:00 PM

**Welcome & Breakfast** - 8:30 AM-9:00 AM

**Opening Keynote** - 9:00 AM-9:45 AM

**Break with Exhibitors** - 9:45 AM-10:15 AM

**Local Entity Roundtable** - 10:15 AM-11:45 AM

**State Roundtable** - 10:15 AM-11:45 AM

**Luncheon sponsored by Hinge Health** - 12:00 PM-1:00 PM

**Building a Culture of Well-being - Key Considerations for Engagement** - 1:15 PM-2:00 PM

**Claims Data 101: Building a strong foundation for smarter healthcare analytics** 1:15 PM-2:00 PM

**Crisis to Opportunity: Reimagining Women's Health with a Smarter, Data-Informed Connected Model**

1:15 PM-2:00 PM

**Disrupting the Status Quo: How North Carolina Redefined Surgical Benefits** 1:15 PM-2:00 PM

**Unlocking AI: Practical Skills, Productivity, and Problem Solving for Benefits Administration** 1:15 PM-2:00 PM

**Break with Exhibitors** - 2:15 PM-2:45 PM

**Connecting the dots: Diabetes, MSK, and Digestive Health Care** 3:15 PM-4:00 PM

**From Waste to Wisdom: How Teachers Health Trust Leveraged an AI-Driven Independent Claims Monitoring Strategy to Rein In Healthcare Overspending** 3:15 PM-4:00 PM

**How the State of Maine Doubled Its Specialty Care Savings in One Year** 3:15 PM-4:00 PM

**Leveraging Integrated Data to Reduce Pharmacy Costs and Improve Member Experience** 3:15 PM-4:00 PM

**Primary Prevention in Action: Using Data to Stop Opioid Risk Before It Starts** 3:15 PM-4:00 PM

**Financial Wellness and Stoploss Insurance Changes** 4:15 PM-5:00 PM

**GLP-1 Receptor Agonists and Obesity: Benefits, Costs, and Effective Management Strategies** 4:15 PM-5:00 PM

**Medicare Part D 101: Back to Basics** 4:15 PM-5:00 PM

**PBM Breakdown** 4:15 PM-5:00 PM

**Simplifying access, elevating quality: How the State of Connecticut combines navigation with quality care**

4:15 PM-5:00 PM

**Networking Reception sponsored by RetireeFirst** - 5:00 PM-6:00 PM

**Evening Event sponsored by CVS Health** - 6:00 PM-9:00 PM

**May 6, 2026**

**Coffee with Exhibitors** - 8:00 AM-8:30 AM

**Registration** - 8:00 AM-4:00 PM

**Breakfast** - 8:30 AM-9:00 AM

**Wednesday Opening Session -- Inside the Strategy: How Benefit Leaders Are Approaching Comprehensive Obesity Care** 9:00 AM-9:45 AM

**Break with Exhibitors** 9:45 AM-10:15 AM

**CalPERS PPO Power-Up: Year 1 Update on Controlling Costs and Improving Outcomes** 10:15 AM-11:00 AM

**Now You See Me, Now You Don't. The Evolution from Hidden Costs to Transparency** 10:15 AM-11:00 AM

**Reinventing retiree healthcare: Sustainable solutions for public sector plan sponsors** 10:15 AM-11:00 AM

**The Mid-Life Gap: What Every Leader Needs to Know About Hormonal Health and the Workforce**

10:15 AM-11:00 AM

**The Rising Costs of Healthcare - Trends to Spot, Questions to Ask & Strategies to Reduce Costs**

10:15 AM-11:00 AM

**What drives cancer risk—and are we doing enough to address it?** 10:15 AM-11:00 AM

**Anchorage's Bold Bet: How One City Cut Costs and Elevated Care with Advanced Primary Care**

11:15 AM-12:00 PM

**Beyond the Prescription: A Whole-Person Model for GLP-1 Management** 11:15 AM-12:00 PM

**Bringing Transparency to Pharmacy Benefits: PBM Oversight in Action** 11:15 AM-12:00 PM

**Covering All Lives - Reenvisioning Medicare Advantage for Rural Communities** 11:15 AM-12:00 PM

**Healthy Hearts for Tar Heels: Impactful Engagement in Rural NC and Beyond** 11:15 AM-12:00 PM

**The Power of Partnership: How Strategic Collaboration Enhances Employee Care** 11:15 AM-12:00 PM

**Awards Luncheon sponsored by Evernorth** 12:15 PM-1:15 PM

**A Challenging Pursuit: How to Drive Purchasing Efficiency in Retiree Healthcare** 1:30 PM-2:15 PM

**How 2 Public Sector Leaders Are Cutting Rx Spend and Reversing Type 2 Diabetes** 1:30 PM-2:15 PM

**Leverage Real World Evidence for Confident Biosimilar Decision Making** 1:30 PM-2:15 PM

**REPEAT SESSION--Unlocking AI: Practical Skills, Productivity, and Problem Solving for Benefits Administration**

1:30 PM-2:15 PM

**Stronger Together: State Collaboratives as a Lever for Access, Affordability, and System Change** 1:30 PM-2:15 PM

**Break with Exhibitors & Prize Drawing** 2:30 PM-3:30 PM

**Reception sponsored by Alight** 5:00 PM-6:00 PM

**Evening Event sponsored by Aetna** 6:00 PM-10:00 PM

**May 7, 2026**

**Airport Transportation (Sign Up Required)** 5:00 AM-12:00 PM

**Until Next Year sponsored by Quantum Health** 5:00 AM-10:30 AM