

Plan Management Navigator

Analytics for Health Plan Administration



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BLUE CROSS BLUE SHIELD PLANS: OPTIMIZING COSTS IN AN UNCERTAIN ENVIRONMENT

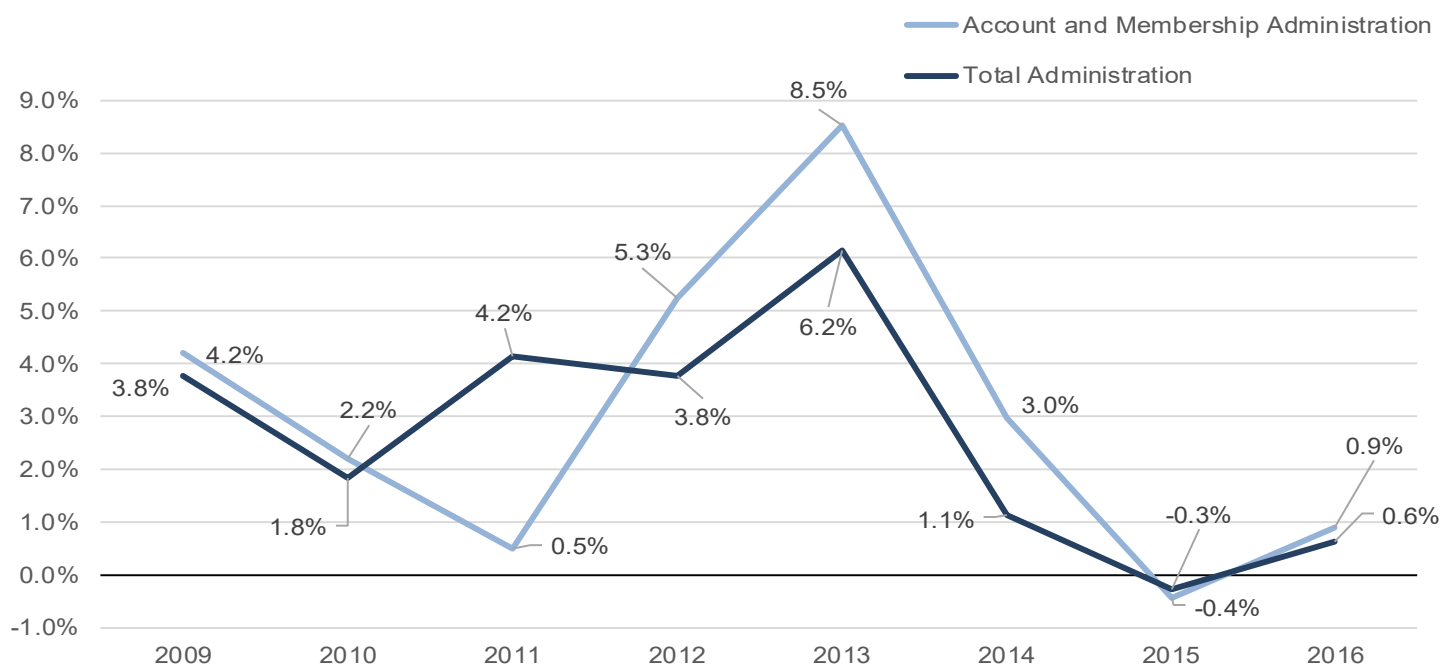
Blue Cross Blue Shield Plans appear to be reacting to market and regulatory uncertainty by continuing to manage their administrative costs. While PMPM costs are somewhat higher, administrative cost trends remain very modest by historical standards. The rate of growth in all administrative expense clusters increased. However, as shown in Figure 1, the trend in Account and Membership Administration was the third lowest in the past eight years and Total Administrative costs grew by the second lowest.

Background

Blue Plans are uniquely exposed to the vicissitudes of the Affordable Care Act. Many committed to the poorly performing Exchange business. Also, because of ACA benefit design parameters, Blue plans commonly replaced every commercial insured product in their portfolios. Finally, since the ACA benefit designs were imposed on insured products, some large groups shifted in favor of ASO/ASC products.

A measure of the disruption from the ACA changes is shown in Figure 1, in which Account and Membership Administration spiked by 8.5% PMPM in 2013. Plan customers required additional support giving rise to per member Customer Services cost increases of 13.7%. Reflecting the high requirements of automation, the largest function, Information Systems, increased by 15.2% per member.

Figure 1. Sherlock Benchmark Summary
Blue Cross Blue Shield Rates of Change for Account and Membership Administration and Total, Constant Mix



Future changes in Blue Cross Blue Shield operations are probably inevitable if for no other reason than Blue commitment to the Exchange business is financially constrained. More change could arise if key aspects of the Affordable Care Act are replaced. However, we suspect that the flexibility built into Information Systems in 2012 and 2013 will entail less turmoil under these changes than were required in the earlier ones.

How We Performed This Analysis

This analysis is based on the twentieth annual edition of our performance benchmarks for health plans. The Sherlock Benchmarks (*Sherlock Expense Evaluation Report* or *SEER*) represent the cumulative experience of approximately 780 health plan years.

Each peer group in the Sherlock Benchmarks was established to be relatively uniform. So, within that constraint, it is open to most Blue Cross Blue Shield plans possessing the ability to compile high-quality, segmented financial and operational data. This 19th analysis of Blue Plans is based on a peer group of fourteen Blue Cross Blue Shield Plans who collectively serve 38.3 million people. There are 34 eligible “primary licensees” one that is off shore and another that is under the governance of another primary licensee. We believe that participation in this year’s study comprises 55% of all Blue membership, excluding those served by publicly traded firms.

The average Plan participating in the Sherlock Benchmarks this year served 2.7 million people and the median membership was 1.7 million. The geographic reach extended from coast to coast and the size was evenly disbursed in tiers defined in million member increments.

Twelve of this year’s participants participated in the prior year. In addition to the comprehensive members, these Plans also served 30,000 Medicare SNP members, 671,000 members of stand-alone Medicare Part D products and 5.5 million members of Stand-Alone Dental. In addition to these members, collectively, these Plans served 7.5 million additional Blue Cross Blue Shield members through “host” relationships with other Blue Plans.

Within the Comprehensive products, 83.0% was commercial, or 31.8 million. Approximately 18.7 million of the commercial members were served under some form of self-insurance arrangement, comprising approximately 58.8% of the total commercial members.

Medicare Advantage, with 998,000 members, was offered by 10 Plans. It composed 2.6% of the combined comprehensive membership and 9.8% of revenues for comprehensive products. With SNP and Stand-Alone Part D, Medicare products

represent 11.6% of total revenues. Medicare Supplement, offered by 14 Plans, was 6.1% of members and 4.9% of revenues for comprehensive products. Medicaid HMO, offered by three Plans, comprised 3.1% of membership. FEP included 5.2% of total comprehensive members.

REPORTING CONVENTIONS

There are a number of conventions we use to make the metrics most beneficial for the audience of *Plan Management Navigator*.

- The trends reported in this analysis are median changes, and when we refer to PMPM or percent of premium ratios, these too are medians. This convention reduces the effect of outlying values on overall trends and values. Since each median value is calculated independently, the components cannot be summed. We may nevertheless reference sums of medians to provide a sense of direction.
- References to growth rates hold the universe constant in the comparison years unless otherwise noted. Rates of change that are called “as-reported” are of health plans participating during both comparison years. When we refer to “constant mix” we are calculating rates of change for that same set after reweighting to eliminate the effect of product mix differences between the years.
- Percent of premium ratios are calculated on a *premium-equivalent* basis. That is, in the case of ASO/ASC arrangements, we build to a premium from fees by adding them to the health benefits incurred by the self-insured group. In this way, premium equivalents sum to all of the expenses of health insurance, including profits earned by the health plan, analogous to actual premiums on insured products. While not in accordance with GAAP, this approach achieves comparability of presentation with the insured products offered by these plans.
- Expenses exclude capital costs and investment income. Excluded expenses include interest and similar debt capital costs and other capital formation costs (debt or equity), including transaction costs, and interest payments to providers under “prompt pay” laws.
- For licensees and participants in the Sherlock Benchmarks, note that the values for Account and Membership Administration and Total Administrative costs reported here will differ from those reported in the Benchmarks. The values reflected here include administrative expenses associated with pharmacy and mental health while the Sherlock Benchmarks do not. Because variation in employer benefit designs and the propensity of the administration of these health services to be outsourced by Plans accepting these management responsibilities, the Benchmark

reports carve them out. Pages 21 and 22 in Tab 2 of Volume I of the Sherlock Benchmarks reconciles these two presentations.

- Miscellaneous Business Taxes are a special case among administrative expenses since, short of recapitalization or elimination of commercial insured business, such expenses are impossible to manage. So, expense trends, along with the PMPM and percent of premium ratios, are calculated *before* the effect of Miscellaneous Business Taxes. These taxes are primarily related to the Affordable Care Act. For commercial insured products, the median PMPM value of such taxes is \$12.57 and the mean is \$14.23 or approximately 25% of administrative costs. Such costs are essentially nil for ASO/ASC products. By way of comparison with pre-ACA values, in 2010, the median Miscellaneous Business Tax for commercial insured products was \$2.55 PMPM.

The ACA fees include Comparative Effectiveness Research Fees (CERF), Transitional Reinsurance Fee, Risk Adjuster User Fee, Exchange User Fee and Annual Fee on Health Insurers. The Annual Fee on Health Insurers is the largest generally applicable fee since it applies to all insured business and has a median value of \$7.72. The Exchange User Fee only applies to Exchange members but the median fee for that population is \$13.97.

On a constant-mix basis, per member Miscellaneous Business Tax costs decreased by 1.7% PMPM, compared with an increase of 13.5% down from the surge of 369.1% last year.

Trends Overall and in Expense Clusters

The constant-mix growth in total administrative expense was the second lowest in the past eight years. At a 0.6% increase, it is higher than last year's *decline* of 0.3%. Account and Membership Administration also increased from a decline of 0.4% to an increase of 0.9%, also for the second lowest growth in the past eight years. Please see the trends on a constant- mix cost trends, shown in Figure 1.

Figure 2. Sherlock Benchmark Summary

Blue Cross Blue Shield Median Changes in Per Member Per Month Expenses

Functional Area	2015 Data		2016 Data	
	As Reported	Constant Mix	As Reported	Constant Mix
Sales and Marketing	2.5%	2.1%	-2.6%	0.2%
Medical and Provider Management	4.0%	1.6%	2.6%	2.8%
Account and Membership Administration	1.3%	-0.4%	0.5%	0.9%
Corporate Services	0.8%	2.0%	3.8%	5.2%
Total Expenses	0.7%	-0.3%	0.8%	0.6%

Figure 2 outlines year-over-year trends on both an as-reported and constant mix plans. While there is broad acceleration of cost trends, they continue to be quite modest. For the 12 continuously participating Plans, per member costs, as-reported, grew by 0.8% compared with 0.7% the prior year.

The contrast between the changes in trend between the modest accelerating growth in as-reported expenses versus the sharper acceleration in constant-mix growth stems from a shift in favor of high administrative cost products. The effect of the mix change is to reduce cost trends by 0.2 percentage points. While commercial insured product membership declined by a 3.5% median rate, ASO/ASC products increased by 2.6%: ASO products are lower cost to administer. Overall, commercial membership declined by 0.8%. Growth in high cost Medicare Advantage increased at a median rate of 5.1%, Medicaid increased more rapidly at a median rate of 8.2%. Comprehensive membership in continuous Plans declined at a median rate of 0.6%.

Because of these cost differences, trends excluding mix change is a more accurate representation. A key reason for the growth overall was the increase in the per member costs of Account and Membership Administration. Information Systems increased at mid-single digit rates. Since Information Systems is such a large function, its increase could explain the entire trend. Outsourcing is less prominent for this function than last year. Both Enrollment costs and Customer Services costs accelerated to a low single-digit pace though Customer Services posted a lower increase than in 2013 and 2014 when it was crucial to address the dislocations of the Affordable Care Act. Claim and Encounter Capture and Adjudication costs continued to be relatively flat.

Medical and Provider Management cost growth accelerated from 2015 and 2016. Interestingly Medical Management actually fell slightly: we have been concerned for a number of years that one effect of the MLR rules was to reduce the return on investment in medical management and this trend is consistent with that possibility. (We think we have eliminated any MLR-related reporting bias.) However, the smaller Provider Network Management and Services continued in high single digit growth rates. Indeed, in every year since 2012, cost growth for Provider Network Management and Services has exceeded that of Medical Management, consistent with the possibility of provider contracting efforts directed to new models.

Sales and Marketing expenses increased at the lowest rate in the past five years. The fastest growing functional area was Rating and Underwriting. This is notable because the activities in this function include the risk-adjustment activities for Medicare and Medicaid. Advertising expenses were sharply lower, as they were in the prior year. Marketing expenses grew at high single digit rates, compared with essentially flat trends in 2014 and

2015. Marketing contains product development activities, which could have been a factor in this growth: they similarly increased at low double-digit rates in 2013. While Sales slightly accelerated to low single digit rates, broker Commissions were flat in 2016, its lowest level in the past five years.

The cluster of Corporate Services costs increased at its fastest rate over the past five years, and accelerated in 2016. Finance and Accounting increased at its fastest level in the past five years, and accelerated from last year’s rapid pace. While the Corporate Services function increased only modestly, because it includes HR, Facilities, Legal and Regulatory, its size means that it was the most important contributor to this cluster’s cost increase. Actuarial accelerated to the second fastest trend in the past five years.

We did not adjust staffing to eliminate differences in universes but after rough-and-ready adjustments for mix and outsourcing, it appeared that staffing was somewhat higher. The staffing ratio for Commercial members was approximately 24 FTEs per 10,000 members. Staffing growth was almost exclusively in Account and Membership Administration and declined in Corporate Services. Outsourcing appeared to be lower, notably in Information Systems. Compensation per FTE was higher.

Costs of Blue Cross Blue Shield Plans, by Cluster, PMPM

Figure 3 shows the values of administrative expenses for all 14 participating Plans. Bear in mind that this universe of Blue Cross Blue Shield Plans are different from that of last year in product mix and in populations. In this section we’ll touch on comparisons with the results reported last year, notwithstanding this limitation. The prior year’s values are shown in Appendix A.

Since the universes differed, it is not possible to reliably compare the performance of plans participating this and last year. We can know neither their trends, or their changes in product mix. The actual total PMPM administrative expenses at \$32.00 were 3.2% higher than last year’s values, shown in Appendix A. While Account and Membership and Medical and Provider costs were lower, Sales and Marketing and Corporate Services were higher.

Figure 3. Sherlock Benchmark Summary

Blue Cross Blue Shield Costs by Functional Area Cluster, 2016 Data

Median Per Member Per Month Expenses

Functional Area	25th Percentile	Median	75th Percentile	Coefficient of Variation
Sales and Marketing	\$7.48	\$8.45	\$9.81	33%
Medical and Provider Management	3.87	4.04	4.48	19%
Account and Membership Administration	13.03	14.55	16.46	18%
Corporate Services	4.31	5.27	5.76	21%
Total Expenses	\$28.47	\$32.00	\$37.21	18%

Note also that the values appear to cluster more. In all cases, Coefficients of Variation were less as were the differences between 75th and 25th percentile values.

Account and Membership Administration was the single greatest cluster of expenses at a median value of \$14.55 and comprised nearly one-half of the total. This helps to explain its substantial effect on overall trend. The size of this function includes the central activities of Information Systems, Enrollment, Claims and Customer Services. Comparing this with last year, the costs were lower and more clustered.

Sales and Marketing, the second largest cluster, had costs with a median value of \$8.45. Last year's value was \$8.22 so the change is the opposite of the flat to declining growth trend that we saw in Figure 2. This function includes Rating and Underwriting, Sales, Marketing, Broker Commissions and Advertising.

Corporate Services costs were higher PMPM than last year at \$5.27. Activities include Corporate Executive, Actuarial, Finance and Accounting, and a group of other activities like Facilities, HR and Legal.

Medical and Provider Management costs per member per month were \$4.04 and slightly lower than last year. This group of functions includes Provider Network Management and Services and Medical Management. The former increased while the latter decreased, as previously noted.

Costs of Blue Cross Blue Shield Plans, PMPM by Product

The importance of considering the product cost values is shown in Figure 4. The products vary greatly in their per member costs.

The median mix of Commercial products was 84.4% of the membership. Administrative expenses for these costs are both higher and lower than the median comprehensive administrative costs, depending on the financing mechanism. Financing is a rough proxy for group size as well since only large groups can self-insure. Commercial insured products are higher than the median for comprehensive products. The single most important product is Indemnity and PPO at \$42.62. HMO costs \$41.40 while POS costs \$39.80.

As a sector, Blue Cross Blue Shield Plans have a heavy commitment to ASO/ASC products, representing a median of 44.3% of comprehensive members. Their costs are lower than for comparable insured products largely due to the modest per member Sales and Marketing expenses required for large groups eligible to use these products. Thus, Indemnity and PPO costs \$24.57, HMO costs \$24.40 while POS costs \$21.73.

FEP is technically an insured product serving Federal Employees and dependents under retirement age, but it has the low cost characteristics of ASO/ASC. Distribution costs are low because they are handled by the Blue Cross Blue Shield Association. Its costs are \$23.01. It is possible that the uniformity of the product between the Plans contributes to the low coefficient of variation of 20%.

Note that Medicare Supplement is an approximately average cost product at \$31.63 PMPM. We include this as a comprehensive product in the Sherlock Benchmarks though it pays only when Medicare does not.

Figure 4. Sherlock Benchmark Summary
Blue Cross Blue Shield Costs by Product, 2016 Data
Per Member Per Month

Product	25th Percentile	Median	75th Percentile	Coefficient of Variation
Commercial HMO				
Insured	\$38.65	\$41.40	\$47.05	22%
ASO / ASC	\$17.57	\$24.40	\$30.12	32%
Commercial POS				
Insured	\$36.54	\$39.80	\$43.27	39%
ASO / ASC	\$19.14	\$21.73	\$24.88	25%
Indemnity & PPO				
Insured	\$35.52	\$42.62	\$46.80	25%
ASO / ASC	\$20.16	\$24.57	\$26.99	19%
Commercial Insured	\$39.16	\$41.87	\$46.36	18%
Commercial ASO/ASC	\$20.17	\$24.57	\$27.25	19%
FEP	\$18.03	\$23.01	\$25.48	20%
Medicare Advantage				
Individual	\$81.52	\$95.84	\$114.16	25%
Group	\$81.07	\$98.30	\$108.73	30%
Medicare Advantage Total	\$73.51	\$93.69	\$114.20	27%
Medicaid	\$29.06	\$38.79	\$52.14	56%
Medicare Supplemental	\$25.10	\$31.63	\$39.59	35%
Comprehensive Total	\$28.47	\$32.00	\$37.21	18%
Medicare Advantage SNP	\$200.56	\$208.27	\$231.83	15%
Stand-Alone Medicare Part D	\$13.63	\$15.41	\$19.80	51%
Stand Alone Dental	\$2.46	\$3.28	\$4.63	44%

Medicare and Medicaid are government-sponsored products serving seniors and the poor. Medicare products are relatively high cost at \$93.69 and \$208.27 PMPM for Medicare Advantage and Medicare Special Needs Plans respectively. Costs this year are higher than last year: it appears that a few of the Plans have sharply increased their Medical Management. We do not include Medicare SNP in our calculations of Comprehensive costs for this universe. Note that we also provide a segmentation of Medicare Advantage into Individual and Group. At \$95.84 and \$98.30, we urge that these values be viewed with caution. Some Sales and Marketing and Enrollment costs would normally be expected to be lower for the group Medicare Advantage business but Group segment turmoil may also have affected trends.

Among the insured comprehensive products, Medicaid products are relatively low cost, at median PMPM values of \$38.79. The specialty products of Stand-Alone Medicare Part D and Stand Alone Dental were very low cost products at \$15.41 and \$3.28 PMPM respectively.

Costs of Blue Cross Blue Shield Plans, Percent of Premiums by Product

The ranking of the percents of premiums correspond with those of the PMPM costs with some important exceptions. While Medicare Supplemental is approximately average cost when measured PMPM, at 15.1%, its cost ratio was the highest among the comprehensive products, which had a median value of 8.3%.

The specialty products, Stand-Alone Medicare Part D and Stand Alone Dental were relatively high cost products at median values of 20.6% and 17.7%, respectively. These were extremely low cost products on a PMPM basis.

Medicare Advantage costs, while many times higher PMPM, have ratios only 30-40% higher than the median for comprehensive at 11.4%. While group has higher PMPM costs than individual, the relationships are reversed at group and individual by 9.1% and 11.5% respectively. While Medicare SNP is not considered part of comprehensive for this universe, at 12.1%, it is higher than average for comprehensive but 6-7 times higher when calculated PMPM.

Again, most other percent of premiums correspond directionally with the PMPM values. FEP is among the lowest cost products on a PMPM basis and, at 4.7%, is the lowest cost product expressed in percents. Medicaid was higher than average in PMPM costs and was, at 8.9%, also higher than average.

Commercial ASO products range from 5.8% of premiums to 6.7% of premiums. Commercial insured products range from 8.6% of premiums to 10.3% of premiums.

Figure 5. Sherlock Benchmark Summary

Blue Cross Blue Shield Costs by Product, 2016 Data

Percent of Premium Equivalents

Product	25th Percentile	Median	75th Percentile	Coefficient of Variation
Commercial HMO				
Insured	8.0%	8.6%	8.9%	13%
ASO / ASC	5.7%	5.8%	6.2%	18%
Commercial POS				
Insured	9.0%	10.2%	11.7%	33%
ASO / ASC	5.9%	6.2%	6.9%	18%
Indemnity & PPO				
Insured	9.4%	10.3%	11.0%	15%
ASO / ASC	5.7%	6.7%	7.2%	20%
Commercial Insured	9.9%	10.2%	10.8%	14%
Commercial ASO/ASC	5.7%	6.7%	7.2%	20%
FEP	3.8%	4.7%	5.9%	29%
Medicare Advantage				
Individual	9.6%	11.5%	16.7%	32%
Group	8.2%	9.1%	13.3%	49%
Medicare Advantage Total	8.7%	11.4%	16.7%	35%
Medicaid	8.2%	8.9%	12.7%	44%
Medicare Supplemental	13.4%	15.1%	18.5%	28%
Comprehensive Total	7.9%	8.3%	8.9%	15%
Medicare Advantage SNP	11.5%	12.1%	15.3%	30%
Stand-Alone Medicare Part D	7.0%	20.6%	21.3%	54%
Stand Alone Dental	8.7%	17.7%	21.7%	49%



Costs of Blue Cross Blue Shield Plans, by Percents Cluster

Figure 6 shows the ratios of administrative expenses to premiums or equivalents. Administrative expenses were 8.3% of premiums while last year's equivalent value was 8.7%.

While Medical and Provider Management was up by 0.1 percentage points to 1.1% of premium, Sales and Marketing declined by 0.1% to 2.1% of premium. Also Account and Membership Administration also declined by 0.1 percentage points to 3.7% of premium. Corporate Services was unchanged, at 1.3% of premiums.

Note on the Sherlock Benchmarks

These results are excerpted from the Blue Cross Blue Shield edition of the 2017 *Sherlock Expense Evaluation Report*. The results are based on our detailed surveys of 2016 operating parameters of 14 Blue Cross Blue Shield Plans serving 38.3 million members. Accordingly, much more information is available by licensing the Sherlock Benchmarks.

We hope you will not hesitate to contact us (sherlock@sherlockco.com) if you are interested in licensing these materials or if we can answer any further questions about them or this *Plan Management Navigator*. In an environment of uncertainty, cost optimization is a no-regret move. Benchmarking can contribute to this aspect of performance improvement.

Including all of Sherlock Benchmarks, those published in 2016 will comprise the experience of approximately 780 health plan years. In addition to the Blue Cross Blue Shield universe, we also survey and report on universes of Independent / Provider - Sponsored Plans, Larger Health Plans, Medicare Advantage Plans and Medicaid Plans. We will be reporting on the results of the other universes in the months that follow.

Figure 6. Sherlock Benchmark Summary

Blue Cross Blue Shield Costs by Functional Area Cluster, 2016 Data

Median Percent of Premium Equivalents

Functional Area	25th Percentile	Median	75th Percentile	Coefficient of Variation
Sales and Marketing	2.0%	2.1%	2.5%	28%
Medical and Provider Management	1.0%	1.1%	1.3%	19%
Account and Membership Administration	3.4%	3.7%	4.1%	18%
Corporate Services	1.3%	1.3%	1.4%	18%
Total Expenses	7.9%	8.3%	8.9%	15%

Appendix A. Sherlock Benchmark Summary

Blue Cross Blue Shield Costs by Functional Area Cluster, 2015 Data

Per Member Per Month

Functional Area	25th Percentile	Median	75th Percentile	Coefficient of Variation
Sales and Marketing	\$7.75	\$8.22	\$10.80	38%
Medical and Provider Management	3.46	4.07	5.00	25%
Account and Membership Administration	11.85	14.89	16.64	23%
Corporate Services	4.03	4.76	6.22	35%
Total Expenses	\$28.04	\$31.00	\$38.26	24%

Appendix B. Sherlock Benchmark Summary

Blue Cross Blue Shield Costs by Functional Area Cluster, 2015 Data

Percent of Premium Equivalents

Functional Area	25th Percentile	Median	75th Percentile	Coefficient of Variation
Sales and Marketing	1.9%	2.2%	2.4%	35%
Medical and Provider Management	0.9%	1.0%	1.2%	23%
Account and Membership Administration	3.5%	3.8%	4.2%	16%
Corporate Services	1.1%	1.3%	1.7%	23%
Total Expenses	7.6%	8.7%	9.4%	16%

Appendix C. Sherlock Benchmark Summary

Major Functions Included in Each Administrative Expense Cluster

Sales & Marketing

1. Rating and Underwriting
 - (a) Employer Group Reporting
 - (b) Risk Adjustment
 - (c) Other Rating and Underwriting
2. Marketing
 - (a) Product Development and Market Research
 - (b) Member and Group Communication
 - (c) Other Marketing
3. Sales
 - (a) Account Services
 - (c) Other Sales
4. External Broker Commissions
5. Advertising and Promotion
 - (a) Media and Advertising
 - (b) Charitable Contributions

Provider & Medical Management

6. Provider Network Management and Services
 - (a) Provider Relations Services
 - (b) Provider Contracting
 - (c) Provider Audit / Billing Validation
 - (d) Other Provider Network Management and Services
7. Medical Management / Quality Assurance / Wellness
 - (a) Precertification
 - (b) Case Management
 - (c) Disease Management
 - (d) Nurse Information Line
 - (e) Health and Wellness
 - (f) Quality Components
 - (g) Medical Informatics
 - (h) Utilization Review
 - (i) Other Medical Management

Account & Membership Administration

8. Enrollment / Membership / Billing
9. Customer Services
10. Claim and Encounter Capture and Adjudication
 - (a) Coordination of Benefits (COB) and Subrogation
 - (b) BlueCard Home and Custom Par Fees
 - (c) Medicare Crossover Fees
 - (e) Other Claim and Encounter Capture and Adjudication
11. Information Systems Expenses
 - (a) Operations and Support Services
 - (b) Applications Maintenance
 - (1) Benefit Configuration
 - (2) Other Applications Maintenance
 - (c) Applications Acquisition and Development
 - (1) Amortization of Developed Software
 - (2) Pre-Planning and Project Costs
 - (d) Security Administration and Enforcement

Corporate Services

12. Finance and Accounting
 - (a) Credit Card Fees
 - (b) All Other Finance and Accounting
13. Actuarial
14. Corporate Services Function
 - (a) Human Resources
 - (b) Legal
 - (1) Compliance
 - (2) Government Affairs
 - (3) Outside Litigation
 - (4) All Other Legal
 - (c) Facilities
 - (d) OPEB
 - (e) Audit
 - (f) Purchasing
 - (g) Imaging
 - (h) Printing and Mailroom
 - (i) Other Corporate Services Function
15. Corporate Executive and Governance
16. Association Dues and License/Filing Fees

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