

<b>Div. No.</b>	<b>OCA</b>	<b>OL1</b>	<b>Subfund</b>	<b>OL3</b>	<b>Type</b>	<b>Amount</b>
46-02	462007	3	208	3362	Medical Adm. fee	4,000,000
	462004	3	208	3363	Medical Claims	109,153,083
					Subtotal	113,153,083
46-02	462029	3	208	3362	COBRA	10,000
46-02	462011	3	208	3362	Tobacco Cessation	69,375
46-02	462013	3	208	3362	Biometric Screenings	90,973
46-02	462015	3	208	3362	Front Street Fitness	40,000
46-02	462009	3	207	3362	Dental Admin Fee	391,248
	462003	3	207	3363	Dental Claims	7,504,514
					Subtotal	7,895,762
46-02	462035	3	209	3362	Drug Admin Fee	97,000
	462005	3	209	3363	Drug Claims	32,000,000
					Subtotal	32,097,000
46-02	462001	3	204	3362	Vision Adm. Fee	79,560
	462052	3	204	3363	Vision Claims	939,113
					Subtotal	1,018,673
46-02	462000	3	203	3362	Life Insurance	1,200,000
46-02	462008	3	211	3362	Disability Adm. Fee	138,600
	462042	3	211	3363	Disability Claims	2,840,635
					Subtotal	2,979,235
<b>TOTAL</b>						<b>\$158,554,101</b>