

<b>Div. No.</b>	<b>OCA</b>	<b>OL1</b>	<b>Subfund</b>	<b>OL3</b>	<b>Type</b>	<b>Amount</b>
46-01	460007	3	208	3362	Medical Adm. fee	3,500,000
	460004	3	208	3363	Medical Claims	110,000,000
	461029	3	208	3362	COBRA	10,000
<b>Subtotal</b>						<b>113,510,000</b>
46-01	461051	3	208	3363	Medical (Clinic) Claims	305,000
46-01	460009	3	207	3362	Dental Adm. Fee	375,000
	460003	3	207	3363	Dental Claims	6,900,000
<b>Subtotal</b>						<b>7,275,000</b>
46-01	460005	3	209	3363	Drug Claims	26,139,695
46-01	461001	3	204	3362	Vision Adm. Fee	80,000
	461052	3	204	3363	Vision Claims	920,000
<b>Subtotal</b>						<b>1,000,000</b>
46-01	461000	3	203	3362	Life Insurance	1,250,000
46-01	460008	3	211	3362	Disability Adm. Fee	140,000
	461042	3	211	3363	Disability Claims	2,700,000
<b>Subtotal</b>						<b>2,840,000</b>

TOTAL \$152,319,695