

<b>Div. No.</b>	<b>OCA</b>	<b>OL1</b>	<b>Subfund</b>	<b>OL3</b>	<b>Type</b>	<b>Amount</b>	<b>Total</b>
46-01	460007	3	208	3362	Medical Adm fee	260,000	72,096,221
	460004	3	208	3363	Medical Claims	69,481,221	
	461029	3	208	3362	COBRA	15,000	
Subtotal						72,096,221	
46-01	461051	3	208	3363	Medical (Clinic) Claims	250,000	250,000
46-01	460009	3	207	3362	Dental Adm Fee	300,000	6,700,000
	460003	3	207	3363	Dental Claims	6,400,000	
Subtotal						6,700,000	
46-01	461035	3	209	3362	Drug Adm Fee	57,000	23,057,000
	460005	3	209	3363	Drug Claims	23,000,000	
Subtotal						23,057,000	
46-01	461001	3	204	3362	Vision Adm Fee	97,000	1,097,000
	461052	3	204	3363	Vision Claims	1,000,000	
Subtotal						1,097,000	
46-01	461000	3	203	3362	Life Ins	1,100,000	1,100,000
46-01	460008	3	211	3362	Disability Adm Fee	200,000	2,650,000
	461042	3	211	3363	Disability Claims	2,450,000	
Subtotal						2,650,000	

**TOTAL      \$106,950,221**