

Div. No.	OCA	OL1	Subfund	OL3	Type	Amount	Total
46-01	460007	3	208	3362	Medical Adm fee	2,400,000.00	57,792,645.00
	460004	3	208	3363	Medical Claims	55,382,541.00	
	461029	3	208	3362	COBRA	10,104.00	
Subtotal						57,792,645.00	
46-01	460009	3	207	3362	Dental Adm Fee	334,000.00	5,443,645.00
	460003	3	207	3363	Dental Claims	5,109,645.00	
Subtotal						5,443,645.00	
46-01	461035	3	209	3362	Drug Adm Fee	55,000.00	18,633,000.00
	460005	3	209	3363	Drug Claims	18,578,000.00	
Subtotal						18,633,000.00	
46-01	461001	3	204	3362	Vision Adm Fee	97,753.00	1,130,000.00
		3	204	3363	Vision Claims	1,032,247.00	
Subtotal						1,130,000.00	
46-01	461000	3	203	3362	Life Ins	1,342,000.00	1,342,000.00
46-01	460008	3	211	3362	Disability Adm Fee	163,000.00	3,027,000.00
	461042	3	211	3363	Disability Claims	2,864,000.00	
Subtotal						3,027,000.00	

TOTAL

87,368,290.00