

Div. No.	OCA	OL1	Subfund	OL3	Type	Amount	Total
46-01	460007	3	208	3362	Medical Adm fee	3,000,000	
	460004	3	208	3363	Medical Claims	92,663,659	
	461029	3	208	3362	COBRA	15,000	
Subtotal						95,678,659	95,678,659
46-01	461051	3	208	3363	Medical (Clinic) Claims	305,000	305,000
46-01	460009	3	207	3362	Dental Adm Fee	350,000	
	460003	3	207	3363	Dental Claims	6,500,000	
Subtotal						6,850,000	6,850,000
46-01	460005	3	209	3363	Drug Claims	28,556,948	
Subtotal						28,556,948	28,556,948
46-01	461001	3	204	3362	Vision Adm Fee	82,000	
	461052	3	204	3363	Vision Claims	854,670	
Subtotal						936,670	936,670
46-01	461000	3	203	3362	Life Ins	1,145,797	1,145,797
46-01	460008	3	211	3362	Disability Adm Fee	85,000	
	461042	3	211	3363	Disability Claims	2,704,311	
Subtotal						2,789,311	2,789,311

TOTAL \$136,262,385