

<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	2,522,880.00	67,459,848.00
	460004	3	208	3363	Medical Claims	64,921,968.00	
	461029	3	208	3362	COBRA	15,000.00	
Subtotal						67,459,848.00	
46-01	460004	3	208	3363	Medical (Clinic) Claims	250,000.00	250,000.00
46-01	460009	3	207	3362	Dental Adm Fee	282,720.00	6,841,200.00
	460003	3	207	3363	Dental Claims	6,558,480.00	
Subtotal						6,841,200.00	
46-01	461035	3	209	3362	Drug Adm Fee	58,560.00	
	460005	3	209	3363	Drug Claims	22,301,040.00	
Subtotal						22,359,600.00	
46-01	461001	3	204	3362	Vision Adm Fee	93,024.00	1,186,500.00
		3	204	3363	Vision Claims	1,093,476.00	
Subtotal						1,186,500.00	
46-01	461000	3	203	3362	Life Ins	1,395,680.00	
46-01	460008	3	211	3362	Disability Adm Fee	206,658.00	3,178,350.00
	461042	3	211	3363	Disability Claims	2,971,692.00	
Subtotal						3,178,350.00	

**TOTAL      102,671,178.00**