

HEALTH CARE REPORT 2007
HIGHWAY PATROL RETIREMENT SYSTEM
R. A. CURTIS – EXECUTIVE DIRECTOR



Highway Patrol Retirement System

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TO: Ohio Retirement Study Council
Ohio House Banking, Pensions & Securities Committee
Ohio Senate Health *Rac* Human Services and Aging Committee

FROM: Richard A. Curtis, Executive Director

RE: Reporting requirements under ORC Section 5505.12 (E)

DATE: For the year 2007

The following document fulfills the requirements of the Ohio State Highway Patrol Retirement System (HPRS) as outlined in Ohio Revised Code Section 5505.12, Section E. The section and the System's responses follows:

"(E) The board shall have prepared annually a report giving a full accounting of the revenues and costs relating to the provision of benefits under section 5505.28 of the Revised Code. The report shall be made as of December 31, 1997, and the thirty-first day of December of each year thereafter. The report shall include the following:

(1) A description of the statutory authority for the benefits provided;"

Attachment A is a copy of ORC Sections 5505.28 (Medical benefits and Medicare B reimbursement) and 5505.33 (Long-term care).

"(2) A summary of benefits;"

Attachment B is the plan design for non-Medicare enrollees and Attachment C is the plan design for Medicare enrollees. These plan designs include both medical and prescription drug coverage. The prescription drug coverage is included for those enrolled under the HPRS medical plan. The medical and prescription drug programs are self-funded by HPRS and premiums and plan designs are evaluated each year.

Annually the prescription drug plan design and claims are reviewed and the PBM (Pharmacy Benefit Manager) makes recommendations concerning co-pays, coverages and policies. The PBM also advises as to what brands will go off patent and become generic or over-the-counter. HPRS made no changes to double the co-payment at mail effective January 1, 2008. HPRS continues to work with PBM (Pharmacy Benefit Manager) to utilize their programs such as Smart and Traditional Prior Authorization and Rational Med to help with drug safety issues. The Medicare prescription drug program became available in 2006 to everyone eligible for Medicare. HPRS elected to continue providing high quality prescription drug coverage to all Medicare eligible

coverage to all Medicare eligible benefit recipients. HPRS continues to receive a drug subsidy from Medicare instead of requiring Medicare eligible retirees and their covered dependents to enroll under a Medicare D plan.

The HPRS medical plan includes preferred provider organizations that make up a network. Those enrolled can utilize any provider, but if they use a preferred provider, they receive the optimum coverage. When an enrollee becomes eligible for Medicare, the HPRS health care plan becomes secondary to their Medicare coverage and the network provision will not apply. If an enrollee is not eligible for Medicare Part A (hospital insurance) then the HPRS plan will be primary. Every enrollee ages 65 and over must enroll under Medicare Part B (medical insurance). The HPRS medical plan does not pay for any claims that would have been eligible under Medicare Part B.

If a benefit recipient is not being reimbursed for Medicare Part B from another source, HPRS will reimburse the benefit recipient monthly upon proof of coverage. The basic premium increased from \$88.50 to 93.50 in 2007 with an average of 530 benefit recipients being reimbursed monthly, an increase of 43 over 2006. Proof of coverage is a copy of the benefit recipient's Medicare card.

Currently HPRS does not offer HMO's.

A plan for dental and vision coverage is provided to all HPRS benefit recipients. Benefit recipients can enroll eligible dependents for a monthly premium. There is an open enrollment period each year to add or drop coverage for dependents. Enrollees must be covered for a year unless they no longer meet eligibility requirements. These plans are intended to help with the cost of dental and vision expenses. Dental coverage is intended to cover a percentage of the cost of oral examinations, diagnostic services, extractions, crowns, bridges and dentures. The percentage of coverage is based upon service and if a preferred provider is utilized. Vision coverage includes covered amounts for services provided by an ophthalmologist, optometrist or optician for examinations, frames and lenses. HPRS is only liable for the monthly premiums. Premiums and plan designs are evaluated and adjusted by the insurer annually based upon the previous year's claims.

HPRS offers a long-term care policy to provide coverage for nursing home care not covered by Medicare or HPRS's medical coverage. Coverage is initially offered to all HPRS retirees upon retirement without medical underwriting if enrollment takes place within 90 days of retirement. Retirees who have been retired more than 90 days, eligible dependents, or parents can also enroll provided they meet certain medical requirements. This optional program provides a daily cash benefit, an amount selected by the insurer, when the insurer is no longer able to independently perform the activities of daily living. Premiums are deducted from the benefit recipient's monthly benefit check.

"(3) A summary of the eligibility requirements for the benefits;"

All benefit recipients and their eligible dependents are eligible for coverage unless they are covered under another retirement system. Eligible dependents includes the spouse; unmarried child(ren) under age 19, or age 23 if attending school and dependent on the benefit recipient's support;

recipient's support; and a dependent child, regardless of age, who has a physical or mental handicap, is unable to earn a living, and became incapacitated prior to age 19 (or 23 if attending school).

"(4) A statement of the number of participants eligible for the benefits;"

As of December 31, 2007, there were 2,059 retirees and covered dependents enrolled under the HPRS medical plan. HPRS has 30 benefit recipients that have health care coverage by another public retirement system. The number of eligible dependents cannot be determined, but as of December 31, 2007, 768 dependents were enrolled under the HPRS medical plan. Approximately 58% of the benefit recipients cover a dependent.

"(5) A description of the accounting, asset valuation, and funding method used to provide the benefits;"

HPRS' financial statements are prepared using the accrual basis of accounting, under which expenses are recorded when the liability is incurred and revenues are recorded when they are earned and become measurable. Investment purchases and sales are substantially recorded as of their trade date. HPRS' funding is determined on an actuarial basis using the entry age normal cost method. Accrued year-end health care benefits are based upon estimates furnished by each of the claims administrators.

All investments are reported at fair value. Fair value is, "the amount that the plan can reasonably expect to receive for an investment in a current sale between a willing buyer and a willing seller-that is, other than in a forced or liquidation sale." Short-term investments are reported at cost, which approximates fair value. Corporate bonds are valued at the median price by the brokerage firms. Securities traded on a national exchange are valued at the last reported sales price at current exchange rate. The fair value of real estate is based on independent appraisals.

Health care benefits are funded on an actuarial basis. Under this method, a portion of the employer contributions, currently 3.50%, are used to fund health care costs. These contributions along with investment income on allocated assets and periodic adjustments in health care provisions are expected to be sufficient to sustain the program for approximately 17 years. This contribution rate is evaluated periodically to see if this amount is relevant. The Board is in the process of evaluating healthcare funding, plan designs and contributions to extend health care funding to at least twenty years. This should be finalized by June 2008. Legislation was passed in 2006, to be effective in 2007, enabling HPRS active members to make additional deposits for the purpose of providing funds for the payment of health, medical, hospital, surgical, dental, or vision care expenses after retirement.

"(6) A statement of the net assets available for the provision of the benefits as of the last day of the fiscal year;"

See Attachment D, "Statements of Plan Net Assets - Health Care".

"(7) A statement of any changes in the net assets available for the provision of benefits, including participant and employer contributions, net investment income, administrative expenses, and benefits provided to participants, as of the last day of the fiscal year;"

See Attachment E, "Statements of Changes in Plan Net Assets - Health Care".

"(8) For the last six consecutive fiscal years, a schedule of the net assets available for the benefits, the annual cost of benefits, administrative expenses incurred, and annual employer contributions allocated for the provision of benefits;"

See Attachment D, "Statements of Plan Net Assets - Health Care".

"(9) A description of any significant changes that affect the comparability of the report required under this division."

No significant changes affect these reports.

5505.28 Health insurance.

(A) The state highway patrol retirement board may enter into an agreement with insurance companies, health insuring corporations, or government agencies authorized to do business in the state for issuance of a policy or contract of health, medical, hospital, or surgical benefits, or any combination thereof, for those persons receiving pensions and subscribing to the plan. Notwithstanding any other provision of this chapter, the policy or contract may also include coverage for any eligible individual's spouse and dependent children and for any of the individual's sponsored dependents as the board considers appropriate.

If all or any portion of the policy or contract premium is to be paid by any individual receiving a service, disability, or survivor pension or benefit, the individual shall, by written authorization, instruct the board to deduct from the individual's pension or benefit the premium agreed to be paid by the individual to the company, corporation, or agency.

The board may contract for coverage on the basis of part or all of the cost of the coverage to be paid from appropriate funds of the state highway patrol retirement system. The cost paid from the funds of the system shall be included in the employer's contribution rate as provided by section 5505.15 of the Revised Code.

(B) The board shall, beginning the month following receipt of satisfactory evidence of the payment for coverage, pay monthly to each recipient of a pension under the state highway patrol retirement system who is eligible for medical insurance coverage under part B of "The Social Security Amendments of 1965," 79 Stat. 301, 42 U.S.C.A. 1395j, as amended, an amount established by board rule not exceeding the basic premium for such coverage.

(C) The board shall establish by rule requirements for the coordination of any coverage, payment, or benefit provided under this section with any similar coverage, payment, or benefit made available to the same individual by the public employees retirement system, Ohio police and fire pension fund, state teachers retirement system, or school employees retirement system.

(D) The board shall make all other necessary rules pursuant to the purpose and intent of this section.

Effective Date: 10-01-2002

5505.33 Long-term care insurance programs.

(A) As used in this section:

(1) "Long-term care insurance" has the same meaning as in section 3923.41 of the Revised Code.

(2) "Retirement systems" has the same meaning as in division (A) of section 145.581 of the Revised Code.

(B) The state highway patrol retirement board shall establish a program under which members of the retirement system, employers on behalf of members, and persons receiving service or disability pensions or survivor benefits are permitted to participate in contracts for long-term care insurance. Participation may include dependents and family members. If a participant in a contract for long-term care insurance leaves employment, the person and the person's dependents and family members may, at their election, continue to participate in a program established under this section in the same manner as if the person had not left employment, except that no part of the cost of the insurance shall be paid by the person's former employer. Such program may be established independently or jointly with one or more of the retirement systems.

(C) The board may enter into an agreement with insurance companies, health insuring corporations, or government agencies authorized to do business in the state for issuance of a long-term care insurance policy or contract. However, prior to entering into such an agreement with an insurance company or health insuring corporation, the board shall request the superintendent of insurance to certify the financial condition of the company or corporation. The board shall not enter into the agreement if, according to that certification, the company or corporation is insolvent, is determined by the superintendent to be potentially unable to fulfill its contractual obligations, or is placed under an order of rehabilitation or conservation by a court of competent jurisdiction or under an order of supervision by the superintendent.

(D) The board shall adopt rules in accordance with section 111.15 of the Revised Code governing the program. The rules shall establish methods of payment for participation under this section, which may include establishment of a payroll deduction plan under section 5505.203 of the Revised Code, deduction of the full premium charged from a person's service or disability pension or survivor benefit, or any other method of payment considered appropriate by the board. If the program is established jointly with one or more of the other retirement systems, the rules also shall establish the terms and conditions of such joint participation.

Effective Date: 06-04-1997

HPRS SUMMARY OF HEALTH CARE BENEFITS
 (Effective January 1, 2007)
 Non-Medicare Eligible

attachment B

BENEFIT COVERAGE	OUT-OF-AREA BASIC PLAN	NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
MAJOR PLAN FEATURES			
Health Providers	Use any Provider	Use Network Provider	Use any Provider
Deductible (Per Plan Year)	\$100 per person	\$100 per person	\$1,000 per person
Out of Pocket (Per Plan Year)	\$ 750 Single \$1,500 Family	\$ 750 Single \$1,500 Family	\$5,000 Single \$10,000 Family
LifeTime Maximum	\$2,000,000	\$2,000,000	\$2,000,000
Claim Forms	Yes	No	Yes
Pre-Certification/ Utilization Review	Patients Responsibility	Provider (Automatic)	Patients Responsibility
Pre-Certification Penalty			
*Inpatient	\$200 per admission (no coverage if not medically necessary)	None	\$300 per admission (no coverage if not medically necessary)
*Outpatient	\$100 (no coverage if not medically necessary)	None	\$100 (no coverage if not medically necessary)
*Managed Second Opinion Selected Procedures	\$100	None	\$100
PLAN BENEFITS			
Physicians Services			
*Office Visits	80% UCR	100% after \$15 Co-pay	60% UCR
Primary Care		\$25 Co-pay	
Specialist Physician			
*Diagnostic x-ray/lab	80% UCR	80%	60% UCR
*Surgeon/Consultation	80% UCR	80%	60% UCR
*Specialist not Generally Available in Network	80% UCR	80%	80% UCR
*Surgeons/Surgery Fees	80% UCR	80%	60% UCR
*OB/Maternity Visits & Delivery	80% UCR	80%	60% UCR
Hospital Services			
*Admission Deductible	\$100	\$100	\$100 Co-pay
*Inpatient Coinsurance	100%	100%	60%
*OutPatient Coinsurance			
Pre-Admission Testing	100%	100%	60%
Surgery	100%	100%	60%
All Other Medical Services	80%	80%	60%
Emergency Room			
*Emergency Room Use (Co-pay waived if admitted to hospital)	\$50 Co-Pay Facility 80% for remaining charges	\$50 Co-Pay Facility 80% for remaining charges	\$50 Co-Pay Facility 80% remaining charges
Mental Health			
*Inpatient			
Mental/Nervous	100%	100%	60%
Alcoholism	100%	100%	60%
*Outpatient			
Mental/Nervous	80%	80%	60%
Alcoholism	80% annual maximum \$550	80% annual maximum \$550	60% annual maximum \$550

BENEFIT COVERAGE	OUT-OF-AREA BASIC PLAN	NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Preventive Care			
*Routine Physical Exams+	80% to \$200 annual	80% to \$200 annual	80% to \$200 annual
*Well Baby/Child Care	80% to Age 9	80% to age 9	60% to age 9
*Prostatic Specific Antigen (PSA) Testing+	80% UCR;\$100 maximum per calendar year	\$10 Co-Pay Physician 80% for lab;\$100 maximum per calendar year	60% UCR;\$100 maximum per calendar year
*Routine Pap Smears+	80% UCR;maximum of one per calendar year	\$10 Co-Pay Physician 80% for lab;maximum one per calendar year	60% UCR;maximum of one per calendar year
*Routine Mammographies+	80% UCR;\$100 maximum per calendar year	\$10 Co-Pay Physician 80% for lab;\$100 maximum per calendar year	60% UCR;\$100 maximum per calendar year
Other Covered Expenses			
*Chiropractors & Physical Therapists	80% UCR	80%	60% UCR
*Acupuncturists	80% UCR in lieu of anesthesiologist	80% in lieu of anesthesiologists	60% UCR in lieu anesthesiologist
*Experimental Benefit (Determined By Carrier)	80% Medical/100% hospital up to \$10,000 lifetime maximum	\$10 Co-Pay Physician 80% other medical 100% hospital up to \$10,000 lifetime max	60% medical/80% hospital; up to \$10,000 lifetime maximum
*Private Duty Nurse, Durable Medical Equipment	80%	80%	60% UCR if available in network
*Ambulance	80%	80%	80%
*Home Health Care	100% for 100 visits 80% for remaining plan year	100% for 100 visits 80% for remaining plan year	90% for 100 visits 60% for remaining plan year
*Skilled Nursing Facility	100% for 365 days	100% for 365 days	90% for 365 days
*Hospice Care			
Inpatient	100% up to 30 days	100% up to 30 days	80% up to 30 days
Outpatient	80% up to \$7,500	80% up to \$7,500	60% up to \$5,000
*Hearing Aids	80% maximum \$1,000 every 3 yrs	80% maximum \$1,000 every 3 yrs	60% maximum \$1,000 every 3 yrs

RX Drugs

Basic Plan Design for all Benefit Recipients and Covered Dependents (One method per prescription) New Co-payments effective 1-01-2005

1. Medco Retail Pharmacy Program (Maximum of a 34 day supply or 100 units)
(Mandatory mail after 2 scripts for same maintenance medications)
\$30.00 Co-pay (If not on the RX Selection Formulary)
\$10.00 Co-pay Brand (If on the RX Selection Formulary)
\$5.00 Co-pay Generic
2. Paper Claim filed with PAID Prescriptions at 60% coverage
3. Medco By Mail - Home Delivery (Maximum 90 day supply)
\$30.00 Co-pay (If not on the RX Selection Formulary)
\$10.00 Co-pay Brand (If on the RX Selection Formulary)
\$ 5.00 Co-pay Generic

Additional Notes

- * Percentage benefits apply after deductible.
- * Co-pays do not count toward calendar year deductible or out-of-pocket limit.
- * Deductible does not apply to out-of-pocket limit.
- * No penalty of benefits if service is not available "in-network."
- * The basic plan is in effect for out-of-area residents who use non-network providers.
- * Co-insurance paid at usual, customary & reasonable after deductible.
- * Precertification penalty does not apply to deductible or co-insurance.
- + Not subject to calendar year deductible

Graded Exercise Testing/Physician Examination (Retiree and spouse) 1-614-566-2278 and ask for Robin Mehl for an appointment. The cost of this examination is covered by the annual health and wellness benefit every two years. Do not show your medical ID card as they will bill HPRS directly.

HPRS SUMMARY OF HEALTH CARE BENEFITS

EFFECTIVE January 1, 2007

attachment C

Medicare Eligible (A & B)

(All percentages apply after Medicare and Deductible)

BENEFIT COVERAGE

BASIC PLAN

MAJOR PLAN FEATURES

Health Providers	Use any Provider
Deductible (Per Plan Year)	\$25 per person
Out of Pocket (Per Plan Year)	\$ 750 Single \$1,500 Family
LifeTime Maximum	\$2,000,000
Claim Forms	Yes
Pre-Certification/ Utilization Review	None

PLAN BENEFITS

Physicians Services

*Office Visits	80% UCR
*Diagnostic x-ray/lab	80% UCR
*Surgeon/Consultation	80% UCR
*Specialist	80% UCR
*Surgeons/Surgery Fees	80% UCR

Hospital Services

*Admission Deductible	None
*Inpatient Coinsurance	100%
*OutPatient Coinsurance	
Pre-Admission Testing	100%
Surgery	100%
All Other Medical Services	80%

Emergency Room

*Emergency Room Use	80%
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Mental Health

*Inpatient	
Mental/Nervous	100%
Alcoholism	100%
*Outpatient	
Mental/Nervous	80%
Alcoholism	80% annual maximum \$550

BENEFIT COVERAGE

BASIC PLAN

PLAN BENEFITS (CONT)

Preventive Care

*Routine Physical Exams+	80% Up to \$200 annual
*Well Baby/Child Care	80% to age 9
*Prostatic Specific Antigen (PSA) Testing	80%UCR;\$100 maximum per calendar year
*Routine Pap Smears	80% UCR;maximum of one per calendar year
*Routine Mammorgraphies	80% UCR;\$100 maximum per calendar year

Other Covered Expenses

*Chiropractors & Physical Therapists	80% UCR
*Experimental Benefit (Determined By Carrier)	80% Medical/100% hospital up to \$10,000 lifetime maximum
*Acupuncturists	80% UCR in lieu of anesthesiologist
*Private Duty Nurse, Durable Medical Equipment	80%
*Ambulance	80%
*Home Health Care	100% for 100 visits 80% for remaining plan year
*Skilled Nursing Facility	100% for 365 days
*Hospice Care Inpatient	100% up to 30 days
Outpatient	80% up to \$7,500
*Hearing Aids	80% maximum \$1,000 every 3 yrs

RX Drugs

Basic Plan Design for all Benefit Recipients and Covered Dependents (One method per prescription) (New Co-pay amounts effective 1-01-2002)

1. Medco Retail Pharmacy Program (Maximum of a 34 day supply or 100 units)
(Mandatory mail after 2 scripts for same maintenance medications)
 \$30.00 Co-pay (If not on the RX Selection Formulary)
 \$10.00 Co-pay Brand (If on the RX Selection Formulary)
 \$ 5.00 Co-pay Generic
2. Paper Claim filed with PAID Prescriptions at 60% coverage
3. Medco By Mail - Home Delivery (Maximum 90 day supply)
 \$30.00 Co-pay Brand (If not on the RX Selection Formulary)
 \$10.00 Co-pay Brand (If on the RX Selection Formulary)
 \$ 5.00 Co-pay Generic

Additional Notes

- * Percentage benefits apply after deductible.
- * Co-pays do not count toward calendar year deductible or out-of-pocket limit.
- * Deductible does not apply to out-of-pocket limit.
- * Co-insurance paid at usual, customary & reasonable after deductible.
- + Not subject to calendar year deductible

Graded Exercise Testing/Physician Examination (Retiree and spouse) 1-614-566-2278 and ask for Robin Mehl for an appointment. The cost of this examination is covered by the annual health and wellness benefit every two years. Do not show your medical ID card as they will bill HPRS directly.

COMBINING STATEMENTS OF PLAN NET ASSETS
HEALTH CARE
2002-2007
attachment B

	2007	2006	2005	2004	2003	2002
ASSETS						
Cash and Short-Term Investments	\$1,690,433	\$6,252,744	\$1,210,221	\$1,541,368	\$1,846,137	\$1,860,161
Receivables						
Contributions						
Employer	272,780	177,006	177,189	110,873	266,648	303,696
Employee	0	0	0	0	0	0
Accrued Investment Income	89,058	176,657	150,563	398,050	197,813	174,364
Tenant Rent Receivable	11,834	18,591	13,945	9,393	10,166	13,281
TOTAL RECEIVABLES	373,672	372,254	341,697	518,316	474,627	491,341
Investments, at Fair Value						
Domestic Equity	50,189,610	55,643,930	56,782,876	53,103,188	47,005,444	34,657,036
Fixed Income	17,574,385	17,820,703	20,844,717	20,394,968	18,538,426	18,109,235
International Equity	21,697,796	14,262,634	16,248,753	14,414,449	12,733,103	8,189,885
Real Estate	7,066,698	6,655,231	5,258,005	7,551,209	9,176,171	11,518,800
Private Equity	1,113,036	322,533	0	0	0	0
Hedge Funds	7,866,076	4,182,365	0	0	0	0
Global Tactical Asset Allocation	8,874,780	5,613,741	0	0	0	0
Collateral on Loaned Securities	13,087,886	19,429,541	26,344,906	29,443,877	23,973,979	16,020,976
TOTAL INVESTMENTS	127,470,267	123,930,678	125,479,257	124,907,691	111,427,123	88,495,932
Prepaid Expense	0	0	0	821	9,698	6,239
Property and Equipment, Net	1,395	2,525	4,401	4,370	5,944	19,603
TOTAL ASSETS	129,535,767	130,558,201	127,035,576	126,972,566	113,763,529	90,873,276
LIABILITIES						
Accrued Health Care Benefits	1,205,547	876,496	1,266,148	698,681	823,684	914,094
Accounts Payable	184,273	190,161	174,257	166,077	183,494	168,062
Other Liabilities	98,079	5,729	6,659	6,694	10,064	7,331
Accrued Payroll and Withholdings	35,023	210,689	21,340	20,232	20,185	17,263
Obligations under Securities Lending	13,087,886	19,429,542	26,344,906	29,443,877	23,973,979	16,020,976
TOTAL LIABILITIES	14,610,808	20,712,617	27,813,310	30,335,561	25,011,406	17,127,726
NET ASSETS HELD IN TRUST FOR PENSION AND POSTEMPLOYMENT HEALTH CARE BENEFITS	\$114,924,959	\$109,845,584	\$99,222,266	\$96,637,005	\$88,752,123	\$73,745,550

COMBINING STATEMENTS OF CHANGES IN PLAN NET ASSETS
HEALTH CARE
2002-2007

attachment E

	2007	2006	2005	2004	2003	2002
ADDITIONS						
Contributions:						
Employer	\$4,276,436	\$3,064,718	\$3,006,385	\$2,867,602	\$3,395,749	\$3,780,715
Employee	0	0	0	0	0	0
State of Ohio	0	0	0	0	0	0
Transfer from Other Systems	0	0	0	0	0	0
TOTAL CONTRIBUTIONS	4,276,436	3,064,718	3,006,385	2,867,602	3,395,749	3,780,715
Investment income:						
Net Appreciation in Fair Value of Investments	11,224,656	14,691,644	7,787,741	10,114,097	17,291,445	(8,604,560)
Interest & Dividend Income	686,533	1,392,371	1,611,890	2,376,002	1,931,465	2,196,103
Security Lending Income	42,141	35,241	39,716	27,477	27,466	10,692
Real Estate Operating Income, Net	6,806	20,121	26,223	27,296	32,981	55,095
	11,960,136	16,139,377	9,465,570	12,544,872	19,283,357	(6,342,670)
Less Investment Expense	706,090	507,193	467,500	492,911	397,635	330,713
NET INVESTMENT INCOME	11,254,046	15,632,184	8,998,070	12,051,961	18,885,722	(6,673,383)
TOTAL ADDITIONS	15,530,482	18,696,902	12,004,455	14,919,563	22,281,471	(2,892,668)
DEDUCTIONS						
Benefits Paid Directly to Participants	10,354,006	7,980,823	8,932,259	6,948,650	7,181,129	7,025,043
Refunds of Employee Contributions	0	0	0	0	0	0
Administrative Expenses	97,101	92,761	92,344	86,031	93,769	78,635
Transfers to Other Systems	0	0	0	0	0	0
TOTAL DEDUCTIONS	10,451,107	8,073,584	9,024,603	7,034,681	7,274,898	7,103,678
NET INCREASE	5,079,375	10,623,318	2,979,852	7,884,882	15,006,573	(9,996,346)
Prior Period Adjustment			(394,591)			
BALANCE, AT END OF YEAR	\$114,924,959	\$109,845,584	\$99,222,266	\$96,637,005	\$88,752,123	\$73,745,550