

**1945 DELTA DENTAL PLAN OF NJ, INC.**

**\$17,240.02 Vend Total**

P.O. # 900048 18-19 DISTRICT DENTAL INS  
11-000-291-270-06-00-71 DENTAL INSURANCE  
20-231-200-200-00-00-00 TITLE I EMPLOYEE BENEFITS

\$17,240.02 P  
\$16,454.55 P  
\$785.47

**2565 HORIZON BLUE CROSS BLUE SHEILD OF NJ**

**\$367,074.97 Vend Total**

P.O. # 900049 2018-29 DIST HEALTH INSUR  
11-000-291-270-06-00-00 MEDICAL/RX INSURANCE  
20-218-200-200-01-00-00 PEEA EMP BENEFITS SSS

\$367,074.97 P  
\$350,318.69 P  
\$16,756.28 P

**Total for batch = \$384,314.99**