Annex II. Schedule of Monthly Enrollee Contributions

(For the Medical Benefits Plan as of May 1, 2026)

Annual Income in U.S. Dollars[1]	Coverage Types			
	Single	Couple	One-Parent Family	Two-Parent Family
43,987 & below	$61.17	$122.35	$107.05	$152.93
43,987 - 49,253	$72.27	$144.54	$126.50	$180.68
49,254 - 55,149	$80.94	$161.85	$141.63	$202.33
55,150 - 61,752	$90.61	$181.25	$158.57	$226.52
61,753 - 69,145	$101.47	$202.92	$177.57	$253.66
69,145 - 77,424	$113.62	$227.22	$198.83	$284.03
77,425 - 86,692	$127.22	$254.43	$222.63	$318.04
86,693 - 97,071	$142.46	$284.89	$249.29	$356.10
97,072 - 108,692	$159.51	$319.00	$279.12	$398.73
108,694 - 121,706	$178.59	$357.19	$312.56	$446.47
121,707 - 136,277	$199.98	$399.95	$349.97	$499.92
136,278 - 152,592	$223.92	$447.85	$391.87	$559.77
152,593 - 170,860	$250.74	$501.46	$438.79	$626.80
170,860 - 191,316	$280.75	$561.49	$491.32	$701.85
191,317 & above	$314.35	$628.71	$550.15	$785.86

[1] Fund net salary or gross pension, as applicable, on an annual basis.

Annex III. Premium Rates for Other Dependents[1]

(For the Medical Benefits Plan as of May 1, 2026)

Annual Income in U.S. Dollars[1]			Each "Other Dependent"
43,987	&	below	$437.43
43,987	-	49,253	$463.83
49,254	-	55,149	$519.29
55,150	-	61,752	$581.37
61,753	-	69,145	$651.73
69,145	-	77,424	$729.53
77,425	-	86,692	$816.79
86,693	-	97,071	$915.45
97,072	-	108,692	$997.83
108,694	-	121,706	$1,089.21
121,707	-	136,277	$1,089.21
136,278	-	152,592	$1,089.21
152,593	-	170,860	$1,089.21
170,860	-	191,316	$1,089.21
191,317	&	above	$1,089.21

[1] Fund net salary or gross pension, as applicable, on an annual basis.

Premium Rates for Continuation of Coverage for the Medical Benefits Plan	
Single	$1,089.21
Couple	$2,178.43
One-Parent Family	$1,906.15
Two-Parent Family	$2,723.09

[1] Other dependents include parents and parent-in-law of active employees eligible for coverage under the plan.