

## ANNEX B

<b>Settlement Grid Personal Injury Claims* (all amounts in U.S. \$)</b>		
<b>Settlement Payment Option</b>	<b>Amount of Compensation Base Payment</b>	<b>Amount of Compensation Premium Payment</b>
<b>Breast Implant Claims</b>		
<b>Expedited Release Payment Option</b>	2,000	N/A
<b>Disease Payment Option</b>		
Disease Payment Option I: Level One C or D	10,000	2,000
Level One B	20,000	4,000
Level One A	50,000	10,000
Disease Payment Option II: Level Two — GCTS – B	75,000	15,000
Level Two — GCTS - A/PM/DM	110,000	22,000
Level Two — Systemic Sclerosis/Lupus C	150,000	30,000
Level Two — Systemic Sclerosis/Lupus B	200,000	40,000
Level Two — Systemic Sclerosis/Lupus A	250,000	50,000
<b>Explantation Payment Option</b>	5,000	N/A
<b>Rupture Payment Option</b>	20,000	5,000
Multiple manufacturer reduction (applied to compensation under the Disease Payment Option and, if a “rupture enhancement payment” has been made in the Revised Settlement Program, to any compensation awarded under the Rupture Payment Option to Claimants who also qualify for the Disease Payment Option)	50%	50%
<b>Covered Other Products Personal Injury Claims</b>		
<b>Expedited Release Payment Option</b>	1,000	
<b>Medical Condition Payment Option</b>		
Level One — Base		
Chins, Facial, Nasal Gel Implants	5,000	Additional payments (including any “premium” entitlement) to be allocated from excess Other Products Fund, if any.
SMALL JOINT ORTHOPEDIC IMPLANT	5,000	Additional payments (including any “premium” entitlement) to be allocated from excess Other Products Fund, if any.

**Settlement Grid  
Personal Injury Claims\*  
(all amounts in U.S. \$)**

<b>Settlement Payment Option</b>	<b>Amount of Compensation Base Payment</b>	<b>Amount of Compensation Premium Payment</b>
LARGE JOINT ORTHOPEDIC IMPLANT — Knee	7,500	Additional payments (including any “premium” entitlement) to be allocated from excess Other Products Fund, if any.
LARGE JOINT ORTHOPEDIC IMPLANT — Hip	10,000	Additional payments (including any “premium” entitlement) to be allocated from excess Other Products Fund, if any.
TMJ	5,000	Additional payments (including any “premium” entitlement) to be allocated from excess Other Products Fund, if any.
Testicular, Penile	5,000	Additional payments (including any “premium” entitlement) to be allocated from excess Other Products Fund, if any.
Level Two — TMJ Enhanced	10,000	Additional payments (including any “premium” entitlement) to be allocated from excess Other Products Fund, if any.
Multiple manufacturer reduction for TMJ Claimants who have both a Dow Corning Covered Other Product and a TMJ product made by any other manufacturer.	50%	N/A
<b>Silicone Material Claims</b>		
Silicone Material Claims will be paid from a fixed fund of \$57.5 million (NPV); the amount paid to each individual Claimant will be determined after review and evaluation by the Claims Office		
<b>Expedited Release Payment Option</b>	To Be Determined	To Be Determined
<b>Disease Payment Option</b>	To Be Determined	To Be Determined

\* Amounts payable to settle Foreign Claims are subject to reduction to 35% or 60% of the above-listed amounts, depending on country of residence.