

- For more detailed plan information, please refer to the appropriate Summary Plan Descriptions on [myRewards](#). •

Newly hired or transferred?

- You must enroll within 31 days to participate in Health and Protection benefits. •

Make the most of your 2018 Baker Hughes, a GE Company benefits

* Using this guide *

Explore this interactive guide completely to understand your benefit plan options, the dependents you may cover, and the steps you need to take to enroll. You can read it front to back like a booklet, or click a link for specific topics.



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Benefit Resources

This guide outlines the benefits offered to Baker Hughes, a GE company for employees hired under legacy Baker Hughes legal entities. Employees who are hired under other legal entities may have a different benefit package offered. Please contact your Human Resources representative if you have questions.

**BAKER
HUGHES**
a GE company





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Medical

Our Medical plans help you manage your health, whether that means treating a specific problem or just using free preventive care to make sure everything's in working order.

The Medical plan options offer you choice and flexibility so you can match the right coverage to your needs and your eligible covered dependents' needs.

You'll always save with network providers

Our Medical plans allow you to receive medical care through the UnitedHealthcare (UHC) network of physicians, specialists, hospitals, and clinics at pre-negotiated fees, which are usually lower than you'd pay outside the network.

If the home zip/postal code you have on file with the company is outside the service area, that means there may be limited UHC network providers in your area. If this is the case, your options are the out-of-area plans shown below. With the out-of-area plans, you can use any provider for your health care and receive coverage at the in-network coinsurance level.

Save money on health care!

Take advantage of benefits that can help lower your out-of-pocket expenses, such as using network providers, in-network preventive care that's covered at 100%, the Health Savings Account, and the Flexible Spending Accounts.

Your choices for Medical coverage

If you live within the service area:

- Choice Plus plan
- Personal Choice Plus plan

If you live outside the service area:

- UHC Out-of-Area PPO plan
- UHC Personal Out-of-Area PPO plan

Note: Visit [myRewards](#) online or call the Benefits Center to determine your Medical plan options.



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Your Medical plan options

Here are the highlights of coverage under the different Medical plan options.

Plan feature	Choice Plus/ UHC Out-of-Area PPO	Personal Choice Plus/ Personal Out-of-Area PPO
Relative cost per paycheck	\$\$	\$
Includes Health Savings Account?	No	Yes
Deductible	\$750 Individual/ \$1,500 Family	\$1,500 Individual/ \$3,000 Family ¹
Coinsurance	80% covered in-network; 60% of Eligible Expenses covered out-of-network; ² 80% covered in out-of-area plans	
Preventive care	Plan pays 100% for in-network services; no deductible applies	
Physician office visit, urgent care, outpatient surgery, inpatient hospital	Subject to deductible and coinsurance	
Emergency Room	\$100 copay (in addition to the deductible and coinsurance; does not apply if the patient is hospitalized ³)	
Out-of-pocket maximum	\$4,000 Individual/ \$8,000 Family (includes deductible)	\$5,000 Individual/ \$10,000 Family (includes deductible)
Prescription Drug coverage	When you enroll in Medical, you automatically receive Prescription Drug coverage. Refer to the <i>Prescription Drug section</i> for details.	

IMPORTANT

Don't choose a medical plan based on a particular network physician. Health care providers can move in or out of the network at any time. Go to www.myuhc.com to learn more about your provider.

¹ Member must meet the combined Medical and Prescription Drug deductible if coverage is other than *You Only*.

² Eligible Expenses are determined in accordance with UHC's reimbursement policy guidelines.

³ Out-of-area plans are not subject to the ER surcharge.



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Learn more about your Medical benefits

Register with UHC at www.myuhc.com after you enroll in a UHC Medical plan (allow approximately two weeks for your enrollment to be updated with UHC). You can:

- Search for doctors in the UHC network;
- Order replacement ID cards or print a temporary ID card;
- Make real-time inquiries into the status and history of your Medical, Flexible Spending Account, or Health Savings Account claims; and
- Access health and well-being information.

Medical coverage in retirement

Baker Hughes, a GE Company (BHGE) currently offers Retiree Medical benefits to eligible BHGE employees and their dependents who are not eligible for Medicare (generally under age 65). To be eligible for Retiree Medical coverage, you must be considered a retiree of BHGE (55 years of age or older with at least 10 years of service on your date of retirement). You must also be covered under a BHGE Medical plan at the time of retirement.

While BHGE intends to provide Medical coverage for retirees now and in the future, BHGE does not guarantee the continuation of this benefit.

Medical coverage outside the U.S.

The UHC Medical plans provide coverage at the network level for emergency services received outside the U.S. If you need to seek medical attention while traveling outside the U.S., pay for the services out-of-pocket and then file an International Claim Form with UHC for reimbursement. You can get the International Claim Form on [myRewards](#) or by calling UHC.



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Deductibles, coinsurance, and out-of-pocket maximums

Understanding Medical plan terminology will help you get the most from your health care dollars.



Deductible

This is the amount you must pay each year before the plan begins to pay for services. The lower the deductible, the higher the premium you'll pay each paycheck.



Coinsurance

Coinsurance describes the cost-sharing between you and the plan for eligible expenses. For example, after you've satisfied your annual deductible, you pay 20% coinsurance, and the plan pays 80% coinsurance for in-network expenses, up to plan limits.



Out-of-pocket maximum*

This is the most you'll pay out of your own pocket (coinsurance and deductibles) in a year. Once you reach the out-of-pocket maximum, the plan pays 100% of the eligible expenses for the rest of the year.

* Out-of-network expenses and non-covered expenses do not apply. However, if you are enrolled in the UHC Out-of-Area or UHC Personal Out-of-Area PPO plans, both in-network and out-of-network coinsurance applies.



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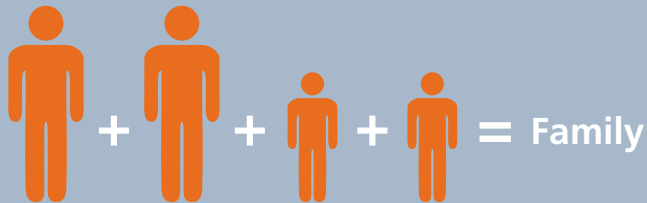
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Deductibles and out-of-pocket maximums differ by plan

Your deductible and out-of-pocket maximum work differently, depending on the plan you choose.

Choice Plus and UHC Out-of-Area PPO

Each covered person has an individual deductible and an out-of-pocket maximum, which can be met without reaching the Family limit. Once two or more individuals reach the Family deductible or out-of-pocket maximum, the individual limits no longer apply.



Personal Choice Plus and UHC Personal Out-of-Area PPO

Individual deductible limit applies only if you elect *You Only* coverage. If you cover any dependents, the Family deductible limit applies, and everyone's eligible Medical and Prescription Drug expenses apply toward the Family deductible. Each covered person has an Individual out-of-pocket maximum, which can be met without reaching the Family limit. Once two or more individuals reach the Family out-of-pocket maximum, the Individual limits no longer apply.



Individual

OR



Family



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What's a Health Savings Account and how does it save you money?

The higher deductible of the Personal Choice Plus or UHC Personal Out-of-Area plans often concerns people. However, these plans also allow you to open and use a Health Savings Account (HSA). Make sure you look at the whole picture when you consider the savings that come with an HSA. You may be surprised at the results, both short-term and long-term.

Benefits of an HSA

1

Free money!

Each year, BHGE will contribute to your HSA:

- **\$500** (*You Only*)
- **\$750** (*You + Spouse*) or (*You + Children*)
- **\$1,000** (*You + Family*)

2

Multiple tax savings.

You don't pay federal income tax on the money you contribute. Your HSA grows tax-free. The money you spend from your HSA is tax-free when you use it to pay eligible health care expenses.

3

You don't lose what you don't use.

Unlike a Flexible Spending Account (FSA), you don't forfeit the unspent money in your account at the end of the year. It stays in your account and keeps growing until you need it.

4

It's your money.

The HSA is an actual account, in your name, that you manage. If you leave BHGE, your account balance — and the tax advantages — are yours to take with you, even into retirement.

5

It costs you a lot less each paycheck.

Personal Choice Plus premiums are substantially lower than those of the other plans. Plus, you can change your HSA contribution amount at any time.

Maxed out your Thrift Plan contributions? Use your HSA!

Saving as much as you can for retirement is smart. Even if you plan to save the maximum before-tax contribution amount in the Thrift Plan, you can still contribute tax-free money to your HSA — up to the HSA limits — where it can stay and grow until you need it in the future.



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How the HSA works

To participate, you must be enrolled in either the Personal Choice Plus or UHC Personal Out-of-Area plan.

Setting up your account

BHGE pays your HSA account set-up fee and monthly service fee, which includes a no-cost debit card and a monthly statement. You can use the debit card for eligible purchases at merchant locations with no transaction charge, up to your available account balance.

You can also reimburse yourself for eligible expenses with ATM cash withdrawals at \$1.50 per transaction. For more information on other reimbursement options and fees associated with your HSA, contact Optum Bank.

Contributions

As long as you remain eligible, BHGE will contribute money to your HSA each year. You can also contribute to your HSA with pre-tax payroll deductions. The IRS sets the total maximum contribution rate for HSAs.

Using your HSA

You control your HSA funds and decide whether to use them for current medical expenses, or to spend out-of-pocket and save your HSA funds for the future.

Money in your HSA can be used to pay for the same health care expenses that are allowed under a Health Care Flexible Spending Account (FSA). Visit www.irs.gov/publications/p502 for more detailed information about eligible expenses for reimbursement.

Money in your HSA can also be used to pay premiums for:

- Individual long-term care, disability, and vision insurance policies
- Health plan coverage while receiving unemployment insurance
- COBRA insurance coverage
- If age 65 or older, any health insurance except Medicare Supplement plans (A-J), known as Medigap coverage. You cannot contribute to an HSA if you are enrolled in Medicare.

Visit www.irs.gov/publications/p969 for detailed IRS information about HSAs.

2018 Health Savings Account (HSA) contribution limits

BHGE annual contribution

- \$500 for *You Only*
- \$750 for *You + Spouse or You + Children*
- \$1,000 for *You + Family*



Your maximum annual contribution

- Up to \$2,950 for *You Only*
- Up to \$6,150 for *You + Spouse or You + Children*
- Up to \$5,900 for *You + Family coverage*



Maximum total annual contribution (You + BHGE)

- \$3,450 for *You Only*
- \$6,900 if you enroll dependents coverage

If you're age 55 or older, you can make an additional annual tax-free catch-up contribution of \$1,000.



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HSA or Health Care FSA?

Money in a Health Savings Account (HSA) can be used to pay the same health care expenses that are allowed under the Health Care Flexible Spending Account (FSA). However, you cannot participate in both an HSA and the Health Care FSA at the same time. Click this link to learn more about the [Health Care FSA](#).

Here are the key differences between these two types of accounts:

	Health Care Flexible Spending Account (FSA)	Health Savings Account (HSA)
Your contributions are pre-tax	Yes	Yes
BHGE makes tax-free contributions to your account	No	Yes \$500 (You Only) \$750 (You + Spouse or You + Children) \$1,000 (You + Family)
2018 total maximum contribution	\$2,650	\$3,450 (You Only) \$6,900 (if you enroll dependents)
Tax-free interest	No	Yes
Expense types	Most qualified health care expenses	
Availability of funds in the account	Available on day 1	Funds must accumulate before using*
Forfeit unused funds at the end of the year	Yes	No, accumulated amounts roll over
Portable (take it with you if you leave the company)	No	Yes

*BHGE contributions are available as soon as administratively feasible following your enrollment.

HSA or Health Care FSA, not both.

You can't participate in both the HSA and the Health Care Flexible Spending Account. Check out the differences [here](#).



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Prescription Drug coverage



You'll always
save by asking for
generic drugs.

Prescription drugs can be essential for treating a variety of conditions, and we all need them occasionally. They're also expensive, which is why BHGE provides Prescription Drug coverage automatically with your medical coverage.

Because prescription drugs are a key driver of higher health care costs, it's smart to ask your doctor to prescribe generic equivalents whenever possible. Generics work the same as (or similar to) the more expensive brand name drugs, but cost you — and BHGE — much less. If a generic isn't available, ask your doctor to prescribe a brand name drug that's listed on the CVS/caremark formulary.

To help you cover the cost of your medications, Prescription Drug coverage is automatic when you enroll in any of the Medical plans. How your prescription drug coverage works depends on the Medical plan you choose.

Prescription Drug coverage		Choice Plus and UHC Out-of-Area PPO	Personal Choice Plus and UHC Personal Out-of-Area PPO
Deductible		N/A	\$1,500 Individual/\$3,000 Family Combined with Medical*
30-day supply	Retail – generic	\$7 copay	\$7 after deductible
	Retail – formulary brand	25% (\$30 minimum/\$60 maximum)	
	Retail – non-formulary brand	30% (\$60 minimum/\$100 maximum)	30% after deductible
	Retail or Mail – specialty	30% (\$250 maximum)	
90-day supply	Mail order or retail (CVS only) – generic	\$15 copay	\$15 after deductible
	Mail order or retail (CVS only) – formulary brand	25% (\$75 minimum/\$150 maximum)	
	Mail order or retail (CVS only) – non-formulary brand	30% (\$150 minimum/\$250 maximum)	30% after deductible
Out-of-pocket maximum		\$2,000 Individual/\$4,000 Family Separate from Medical.	\$5,000 Individual/\$10,000 Family Combined with Medical (includes deductible)
ID card		Separate card from Medical	Separate card from Medical

*Must meet Family deductible if coverage level is other than *You Only*.



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Choice Plus example: For a formulary retail prescription that costs...

\$80

25% coinsurance of \$80
($25\% \times \$80 = \20)

Because \$20 is less than the formulary minimum of \$30, **you pay the minimum (\$30).**

\$150

25% coinsurance of \$150
($25\% \times \$150 = \37.50)

Because \$37.50 is within the range of the formulary minimum/maximum of \$30/\$60, **you pay exactly 25% (\$37.50).**

\$250

25% coinsurance of \$250
($25\% \times \$250 = \62.50)

Because \$62.50 is more than the formulary maximum of \$60, **you pay the maximum (\$60).**

Take advantage of Maintenance Choice!

If your doctor prescribes a maintenance medication that you'll take for more than 90 days, you can use the convenient mail order service, or you can get your 90-day prescription filled at your local CVS retail pharmacy for the same price. (The Maintenance Choice program is offered only at CVS pharmacies.)

Please ask your physician for two separate prescriptions. The first prescription will be for a 30-day supply with two refills that you can fill at a retail pharmacy. Your second prescription should be for a 90-day supply (with appropriate refills) that you may fill through mail order or at your local CVS retail pharmacy. If you need assistance with obtaining the 90-day prescription, CVS/caremark is happy to coordinate with your doctor.

To request a prescription via mail order or to learn more about pharmacy benefits, go to www.caremark.com or call 1-877-252-3485 to speak with a customer service representative.



What's a maintenance medication?

- Prescription drugs that your doctor requires you to take on a regular basis for chronic conditions (for example, diabetes, arthritis, high blood pressure, heart conditions, etc.) are considered "maintenance" medications.



Specialty or biotech prescriptions must be filled through CVS/caremark Specialty Pharmacy or select CVS retail pharmacies. Log on to www.caremark.com or call 1-800-237-2767 to speak with a specialty pharmacy representative.



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Cigna Dental PPO

Good dental health is about more than a great smile.

There's a clear medical connection between dental health and your overall health.

Our Dental plan encourages preventive and diagnostic dental care and provides coverage for basic and major dental care as well as orthodontia services.

You can visit any dentist you wish. However, if you use a dental provider who participates in the Cigna PPO network, you may pay less for care. There's no penalty for using a non-network dentist, but Cigna won't pay expenses that exceed the Reasonable and Customary (R&C) allowable amounts.*

Calendar year deductible

Individual	\$50
Family	\$100

Type of service

Plan pays

Routine preventive services	100%
Basic care services	80%
Major care services	50%
Orthodontia (for dependent children under age 19 with a \$1,500 orthodontia lifetime maximum per child)	50%
Annual dental maximum benefit of \$1,500 per person (applies to preventive, basic, and major services combined)	

*R&C allowable amounts are the standard costs for services in a geographic area.



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VSP Vision

Besides keeping your vision sharp, regular vision checkups can also detect other conditions such as high blood pressure and diabetes.

Our Vision plan covers basic eye care needs, encourages regular vision exams, and offers both in-network and out-of-network benefits. You are eligible for each of these benefits once in a calendar year. Please note that you may receive either one pair of glasses or contact lenses in a calendar year, not both.

Benefit	Copay	Coverage from a VSP doctor	Out-of-network reimbursement
Eye exam*	\$10	Covered in full after copay	\$45 allowance
Lenses	\$25 copay (applies to lenses and frames)	<ul style="list-style-type: none">Single vision, lined bifocal, lined trifocal, and polycarbonate lenses are covered in fullPolycarbonate lenses are covered for dependents up to age 17	Allowance: <ul style="list-style-type: none">\$30 for single vision lenses\$50 for lined bifocal lenses\$65 for lined trifocal lenses
Frames		Covered up to \$200	\$70 allowance
Contact lenses	None	Covered up to \$150	\$125 allowance

*Eye exams must be performed by an ophthalmologist or optometrist and must include a complete analysis of your eyes and related structures to identify diagnosis for glasses or contact lenses.



PRK & LASIK

Discounted pricing for VSP members

VSP has contracted with many laser surgery facilities and doctors, offering you a discount on PRK and LASIK surgeries. Contact VSP for additional information on these discounts.



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Save with Flexible Spending Accounts

Nobody likes paying more in taxes than necessary. That's the idea behind Flexible Spending Accounts (FSAs).

FSAs let you use pre-tax dollars to pay your share of eligible health care and dependent day care expenses.

Remember these two important rules:

- Claims must be incurred during the plan year (January 1 – December 31) and submitted to UHC by March 31 of the following year to be eligible for reimbursement.
- Due to IRS regulations, any amount left in your account at the end of the year will be forfeited.

How they save you money

You figure out how much you want to set aside each year, and your contributions are deducted from each paycheck before taxes. That means you don't pay federal income tax, Social Security tax, and in most cases, state income tax on your contributions.

CHECK IT OUT!

The amount you elect to contribute to a Flexible Spending Account is deducted equally from each paycheck. If you enroll after January 1, the amount of your FSA contributions is divided by the number of benefits-eligible pay periods remaining in the year. If your goal amount is not equally divisible by the number of pay periods, your actual contributions may be slightly less or more than your goal amount. You will be reimbursed up to the elected goal amount.



Get help with your decision

Use the *Flexible Spending Account Estimator*, available on [myRewards](#), to help you decide how much to contribute to the FSAs.



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Choose one or both FSAs

Participation in the FSAs is completely voluntary. There are two FSAs available to you:

Health Care FSA¹

Use your pre-tax contributions to reimburse yourself for eligible **health care expenses** you incur for you and your eligible dependents, such as your deductible, coinsurance, or other expenses not covered by a health care plan.

- You do not need to be enrolled in a BHGE health plan to participate in the Health Care FSA.
- You can be reimbursed for eligible expenses before the money is in your account, up to the total amount you elect to contribute for the year.
- Medical and Prescription Drug claims are submitted automatically.
- If you enroll in the Health Care FSA, you cannot use a Health Savings Account (HSA). Check out the differences between the Health Care FSA and an HSA by clicking [here](#).

Minimum contribution²

\$60

Maximum contribution²

\$2,650

Dependent Day Care FSA¹

Use your pre-tax contributions to reimburse yourself for eligible **dependent day care expenses** (not health care expenses) you incur, such as expenses for a qualifying day care or nursery school, so that you and your spouse (if any) can work or attend school full time.

- **Dependents can be your children under age 13**, or a dependent who lives with you and is physically or mentally incapable of self-care, regardless of age.
- The money must actually be in your account before you can be reimbursed.

Minimum contribution³

\$300

Maximum contribution³

\$5,000 for single taxpayers and for married taxpayers filing a joint return⁴

\$2,500 for married taxpayers filing separate returns⁴

¹ See the Health & Welfare Summary Plan Description on [myRewards](#) for more information on eligible dependents and expenses under FSAs.

² Visit www.irs.gov to access Section 152 of the Internal Revenue Code and IRS publication 502 for information on eligible expenses.

³ Visit www.irs.gov to access Sections 21 and 152 of the Internal Revenue Code and IRS publications 501 and 502 for information on eligible expenses.

⁴ Contributions cannot exceed the lesser of your or your spouse's earned income. Or, if your spouse is a full-time student or is disabled, you can contribute up to \$3,000 for one dependent or \$5,000 for two or more dependents.



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Employee Assistance Program

Because life happens to everybody.

When life throws you a curve, the Employee Assistance Program (EAP) gives you someone to turn to, someone who will listen and provide you with help and advice on a confidential basis.

You, your dependents, and any other member of your household can get professional and confidential counseling, legal and financial consultation, and referrals to help with personal issues or concerns.

- In-person (face-to-face) counseling with a provider in your area (up to five sessions per issue or concern per year)
- 24-hour crisis counseling, consultation, and referral seven days a week
- Nationwide community resource referral

Information and guidance

The EAP can help with a variety of issues, such as child care, elder care, drug addiction and family relationships, grief and loss, depression and anxiety, work-life balance, moving to a new country, managing stress, shopping on a budget, time management, money management, violence awareness, preparing for emergencies, and cyberspace addiction.

All services from the EAP are provided at **no cost to you** and are **completely confidential**.



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Benefits issues? Contact Advocacy.

The confidential participant Advocacy service can help you with unresolved health plan access or claims issues with your Medical, Prescription Drug, Dental, Vision, Flexible Spending Account, and/or Health Savings Account plans.

Advocacy will research your issue and work directly with the Claims Administrator and/or provider to resolve it on your behalf.

Before you request assistance from Advocacy, you must make at least one attempt to resolve the issue directly with the appropriate Claims Administrator and/or provider. After this attempt, if your issue is still unresolved, call the Benefits Center.

A Benefits Center representative will review the issue to determine next steps. If the issue requires Advocacy assistance, the representative will forward your issue to an advocate, who will begin research. The advocate will contact you within two business days to provide an update on your issue.



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Disability benefits

Most people understand the need for life insurance, but if you're unable to work because of an illness or injury, the bills will keep coming even though your paycheck won't.

That's where BHGE disability benefits can help. There are two kinds of disability coverage: Short-Term and Long-Term.

Short-Term Disability

BHGE pays the full cost of this benefit, which provides you with the continuation of a percentage of your benefits base pay during a disability for a period of up to 26 weeks or until you recover, whichever comes first.

The Short-Term Disability (STD) plan will replace 100% of your benefits base pay for the first six weeks and 75% of your benefits base pay beginning at week seven, up to the maximum of 26 weeks. Your benefit will be reduced by the amount of other sources of disability income you may have, such as workers' compensation.

When the benefit begins

If your disability is a result of hospitalization or outpatient surgery, payment of the STD benefit begins immediately. If your disability is a result of illness, pregnancy, or injury, the STD benefit payment will begin after seven consecutive calendar days.

BBP

What is benefits base pay?

Benefits base pay means your base annual earnings, including any before-tax contributions you make through the benefits program. This **does not** include any overtime pay or bonuses. For certain benefit rate calculations, your benefits base pay is determined in either September, your date of hire, or your transfer date, whichever is later.



PROTECTION

> **Disability benefits**

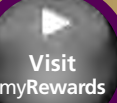
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Long-Term Disability

Becoming permanently disabled or having an extended disability can have devastating financial implications. Few people can afford to stop working for an extended period of time.

The Long-Term Disability (LTD) plan provides you with the continuation of a portion of your benefits base pay after a period of 26 weeks (the maximum benefit period for STD). There are two levels of coverage:

Core (50%) coverage

- Paid for by BHGE
- Pays 50% of your benefits base pay
- Maximum of \$15,000 per month*
- Up to age 65 or recovery per the terms and conditions of the plan

Optional Buy-up (60%) coverage

- You pay for an additional 10% of coverage
- Pays 60% of your benefits base pay
- Maximum of \$15,000 per month*
- Up to age 65 or recovery per the terms and conditions of the plan

*Subject to a reduction by deductible sources of income or other disability earnings.



What's a pre-existing condition?

LTD benefits may not be payable if a pre-existing condition exists. A pre-existing condition is a medical condition for which medical treatment or advice was rendered, prescribed, or recommended within 12 months prior to your effective date of coverage. A condition will not be considered pre-existing if it causes a disability that begins after you've been covered under the LTD plan for a period of 12 months.



PROTECTION

> Disability benefits

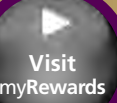
> Life insurance benefits

> Accident (AD&D) insurance benefits

> Business Travel Accident insurance

> Legal Plan

> Critical Illness



Life insurance benefits

Nobody likes to think about it, but it's important to provide your family with some financial security in the event of your death.

BHGE provides basic protection at no cost to you, and you can purchase additional coverage for yourself and your family.

Basic Life insurance

BHGE pays the full cost of this benefit, which is based on your benefits base pay:

Your age when you die	Benefit amount
Under age 70	1x benefits base pay, rounded to the next higher \$1,000 if not already a multiple thereof (minimum \$50,000; maximum \$500,000)
Age 70 or over	Coverage is reduced by 50% the first of the year following your 70th birthday



What's imputed income?

The IRS requires income tax to be paid on the premiums BHGE pays on your behalf for employer-paid Life (and Supplemental Life) insurance greater than \$50,000, which is known as "imputed income."

This taxable income is applied each pay period. Here are two things to remember about life insurance benefits and imputed income.

- The life insurance benefits themselves are not taxable.
- You pay income tax only on the **premiums**, not on the amount of the benefit. For example, for \$100,000 in coverage on a 45-year-old employee, imputed income on the premium is only \$90 per year.

You may elect to limit or cap your Basic Life insurance coverage at \$50,000 to avoid imputed income.



PROTECTION

> Disability benefits

> Life insurance benefits

> Accident (AD&D)
insurance benefits

> Business Travel
Accident insurance

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Supplemental Life insurance

You can buy additional life insurance for yourself, your spouse, and eligible dependent children through the Supplemental Life insurance plan.

Coverage type	Coverage amount
Employee coverage*	1x to 6x benefits base pay rounded to the next higher \$1,000 if not already a multiple thereof (up to a maximum of \$2.5 million)
Spouse coverage You must elect and be approved for employee supplemental coverage to elect spouse coverage. Spouse coverage cannot exceed 100% of an employee's total life insurance coverage.	Choose from these benefit amounts: <ul style="list-style-type: none">• \$25,000 • \$50,000 • \$75,000 • \$100,000• \$150,000 • \$200,000 • \$250,000
Dependent child coverage You must elect and be approved for employee supplemental coverage to elect dependent child coverage.	\$10,000 per covered child If both you and your spouse are BHGE employees, each of you and any of your dependents can be covered only once under the Supplemental Life insurance plan. Coverage can be through you or your spouse or a combination of the two of you, so long as no person is covered more than once, including your dependents.

*Coverage amount is reduced by 50% the first of the year following your 70th birthday.



What is EOI? To elect certain supplemental insurance coverage levels, you (and your spouse) may be required to provide proof of good health, also known as Evidence of Insurability (EOI).



PROTECTION

> Disability benefits

> Life insurance benefits

> **Accident (AD&D)
insurance benefits**

> Business Travel
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Accidental Death & Dismemberment insurance

This plan pays a benefit in the event of the accidental death, dismemberment, or paralysis of you or a covered family member.

The benefit is paid in addition to any life insurance you may have. BHGE pays the full cost of Basic Accidental Death & Dismemberment (AD&D) coverage, and you can purchase Voluntary AD&D coverage for yourself and your family.

Basic AD&D insurance

The basic benefit is equal to 1x your benefits base pay rounded to the next higher \$1,000, if not already a multiple thereof (minimum \$50,000; maximum \$500,000). If you elect to cap your Basic Life insurance coverage at \$50,000 to avoid imputed income, your Basic Accidental Death & Dismemberment coverage will also be capped at \$50,000.

Voluntary AD&D insurance

You pay the full cost of this coverage.

CHECK IT OUT!

If both you and your spouse are BHGE employees, each of you and any of your dependents can be covered only once under the Voluntary AD&D plan. Coverage can be through you or your spouse or a combination of the two of you.

Coverage type	Coverage amount
Employee coverage	Choose from these coverage amounts: <ul style="list-style-type: none">• \$25,000 • \$50,000 • \$100,000 • \$150,000 • \$200,000 • \$250,000 Amounts in excess of \$250,000 may not exceed 10x your benefits base pay.
Employee + Family coverage	Based on the coverage levels above, if you elect Family coverage, the spouse and children benefit will be: <ul style="list-style-type: none">• Spouse only – 50% of employee coverage amount• Children only – 15% of employee coverage amount, up to \$20,000 per child• Spouse and children – 40% of employee coverage amount for your spouse and 10% of employee coverage amount for your children (up to \$20,000 per child)



PROTECTION

> Disability benefits

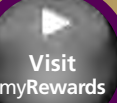
> Life insurance benefits

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Business Travel Accident insurance

The Business Travel Accident (BTA) insurance plan provides protection and peace of mind while traveling on company business.

BTA insurance provides an additional level of coverage in the event of your accidental death, dismemberment, or paralysis while traveling on authorized BHGE business. BTA coverage is provided at **no cost to you**.

Coverage type	Coverage amount
Employee	Coverage is up to 5x benefits base pay rounded to the next higher \$1,000 if not already a multiple thereof (minimum \$50,000; maximum \$3 million)
Spouse (during relocation)	\$25,000
Dependents (during relocation)	\$10,000



PROTECTION

> Disability benefits

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Legal Plan

Legal matters can be difficult to handle, but this voluntary plan will make it easier — and less stressful — to find the right attorney.

The Legal Plan provides coverage for personal legal matters, from complex litigation such as divorce and bankruptcy to more basic issues such as drafting a lease agreement or updating a Will. You may choose to use a network attorney and receive the network benefits of the plan, or pay a higher cost when using an attorney that is out-of-network. No matter your decision, **you should contact the Legal Plan prior to incurring any legal expenses.**

Legal Plan services

The plan covers a variety of legal services, including:

- Debt collection defense and financial problems
- Uncontested adoption
- Personal bankruptcy
- Eviction defense
- Civil litigation defense
- Real estate transactions
- Free Wills and Living Wills (one per covered member per year)
- Small claims assistance
- Tenant negotiations
- Preparation of legal documentation
- Living trust
- Name changes

Who you can cover

You can elect *You Only* or *You + Family* coverage, which includes your spouse and dependents living with you. It also includes your parents and your spouse's parents for Will, Codicil, Power of Attorney, and Probate advice and consultation only. You must enroll in *You + Family* coverage in order to receive the benefit for anyone other than yourself. For more information on covered services and the benefits available, refer to the Health & Welfare Summary Plan Description on [myRewards](#).



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Visit
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Critical Illness plan

Even with medical coverage, a critical illness often results in financial hardship from lost work, deductibles and coinsurance costs, and expenses not covered by other benefits. Critical Illness insurance from MetLife is designed to help offset some of those expenses.

TIP

What you need to know:

- This is a voluntary plan, and the employee pays the full cost (based on age).
- This benefit is in addition to any other medical coverage you may have.
- You choose from two Initial Benefit levels: \$15,000 and \$30,000.

Once you're enrolled, here's how it works:

- Coverage begins on your date of hire or date of transfer. Employee must be actively at work on the effective date. If you or a covered family member is diagnosed with a covered illness, the plan pays you the Initial Benefit in a lump sum.
- If you remain covered and suffer the same illness again, the plan pays a Recurrence Benefit of 50% of the Initial Benefit.
- If you remain covered and suffer a different covered illness, the plan pays another Initial Benefit.
- The maximum total benefit amount is 300% of the elected Initial Benefit amount.
- The coverage is guaranteed provided you are actively at work on the effective date.
- The diagnosis must be made by an accredited physician within the United States.

Covered illnesses include:

- Cancer
- Heart attack
- Stroke
- Coronary artery bypass
- Major organ transplant
- Kidney failure
- Plus 22 other conditions



Earn money for getting a free checkup

The Critical Illness plan actually pays you \$100 for taking one of the eligible screening/prevention measures.



RETIREMENT

> Thrift Plan

Visit
myRewards

Thrift Plan

Any financial advisor will tell you that a 401(k) plan with a company match is a great way to save for retirement.

Not only does BHGE double your money on the first 5% of pay you contribute, the company also makes a base contribution that kicks your savings into high gear.

Your contributions

You make contributions to the Thrift Plan through convenient payroll deductions. You choose:

- How much to save, from 1% to 50% of total eligible pay, and
- If you want to save with before-tax contributions, after-tax contributions, or a combination of both.

The Internal Revenue Service (IRS) limits your before-tax contributions to \$18,500 a year in 2018. This includes any before-tax contributions you made to another employer within the same year.

Catch-up contributions

If you reach age 50 during 2018, you're eligible to make before-tax catch-up contributions to your Thrift Plan account. For 2018, you may contribute up to \$6,000 in excess of the before-tax IRS limit of \$18,500. Catch-up contributions will be deducted at the same time as your Thrift Plan contributions. This means if you elected to contribute 10% into the Thrift Plan and 10% catch-up, your paycheck will be reduced by 20%.



Automatic enrollment and auto escalation

If you don't enroll or if you decline enrollment, you'll be automatically enrolled in the plan at a contribution rate of 3% of your eligible pay on a before-tax basis with a 3% company matching contribution.

Amounts contributed through automatic enrollment will be invested in the Thrift Plan's default fund — the Moderate Style Fund.

Your contribution election will automatically increase annually by 1% until it reaches 10%. These auto escalation increases typically occur during the first quarter of each year.



Remember — you may change your contribution rate and investment elections at any time.



RETIREMENT

> Thrift Plan

Visit
myRewards

Company matching contributions

BHGE matches every dollar you contribute each pay period (up to 5% of eligible pay). This is why you should consider saving at least 5% of pay in the Thrift Plan. BHGE does not provide matching contributions on catch-up contributions.

Company base contributions

You do not have to contribute your own money to receive these contributions, which are equal to 4% of your eligible pay.

Vesting

You are always 100% vested in your own contributions, the company's matching contributions, and any related earnings. Being "100% vested" means the money is yours to keep, even if you leave the company. You become 100% vested in the company base contributions and any related earnings when you:

- Complete three years of vesting service, or
- Retire from the company, or
- Reach age 65 while still an active employee of the company, or
- Become permanently disabled or die while an active employee of the company.

401(k)

Have money in another employer's 401(k)?

You may be able to roll over your balance from a prior employer's qualified plan into the Thrift Plan.

A rollover allows you to continue deferring taxes on that money and, at the same time, share in the investment opportunities of this plan. The IRS has specific rules and time limits pertaining to rollover contributions.



RETIREMENT

> Thrift Plan

Visit
myRewards

Investment options

Whether you're a savvy investor or want a simplified approach to making investment decisions, the Thrift Plan has got you covered with two distinct types of investment funds. Which approach you choose will depend on your comfort level with making investment decisions and how much time you want to devote to managing your investments.

TIP

For resources and tools that can help determine the investment strategy that's right for you, log on to [myRewards](#).

Style Funds

vs.

Core Funds

Style Funds are pre-mixed, diversified funds that provide a quick and easy method for diversifying your investments with a single selection.

A Style Fund may be the right choice for you if you want a simplified investment strategy, because each fund allows you to make a single choice for a specific investment objective and risk tolerance.

Each Style Fund is constructed from Core Fund options. Style Funds are rebalanced periodically to maintain appropriate asset allocations. Since Style Funds are pre-mixed and diversified, there's generally no need to invest in additional Style or Core Funds.

If you want more involvement in choosing and managing your investment mix, the Thrift Plan offers six Core Funds from which you can choose to build your own portfolio.

In choosing your own portfolio from the Core Funds, you should consider your retirement financial goals, risk tolerance, and time horizon.



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Your BHGE benefits: *The Big Picture*

Sure, your paycheck is important. But there's so much more to your Total Rewards at BHGE.

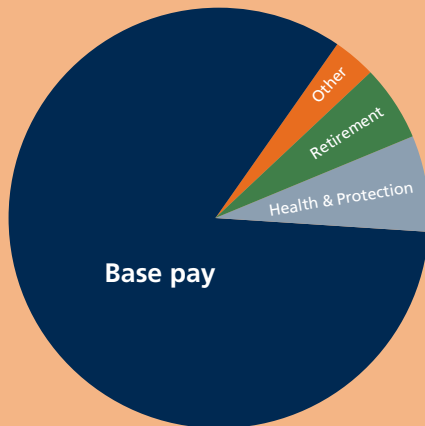
BHGE offers a variety of benefits that help you manage and protect your health and your family's health, provide a level of financial protection in case of loss, and help you prepare for a financially secure retirement.

These Health, Protection, and Retirement benefits, together with your other compensation, form the Total Rewards you receive for working at BHGE. Our Total Rewards package is not only competitive within our industry, it's designed to be comprehensive enough to meet the varying benefit needs of our employees.



If you have questions about eligibility for any of your benefits, contact the Benefits Center.

2018 Total Rewards



Total Rewards at BHGE

Your Total Rewards consists of base pay, benefits, and other compensation. You can see your own personal Total Rewards pie at myRewards: go.bakerhughes.com/myrewards.



Newly hired or transferred?

Your personal Total Rewards data will be available about 60 days after you enroll.

Your Total Rewards: A shared responsibility

BHGE role:

- Provide quality benefits to protect you and your family and help you prepare for retirement.
- Ensure our programs are competitive in the marketplace and within our industry.
- Manage costs and plan designs to keep our programs sustainable over the long term.
- Provide decision-making tools and other resources to help you choose and use your benefits wisely.

Your role:

- Learn about and choose your benefit coverage carefully to meet your needs and your family's needs.
- Be a smart health care consumer. Get involved in your health care — ask questions about treatment alternatives and provider quality and efficiency.
- Consider participating in plans that can help you save money, like the Flexible Spending Accounts, Health Savings Account, and the Thrift Plan.
- Take responsibility for your retirement finances. The company helps with the Thrift Plan, but it's up to you to ensure you have the kind of retirement you want.



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* Newly hired
or transferred?

Visit
myRewards

Before you enroll

Take just a second to review this page to make sure you enroll on time and get the coverage you need for yourself and your family.

Health and Protection benefits

- If you plan to cover dependents, make sure they're eligible.
- You have 31 days from your date of hire or transfer to enroll, or else you will receive default coverage.
- Once you receive your first paycheck, you can enroll in your benefits.

If you need medical care before you enroll in your health benefits:

- Call the Benefits Center to have coverage verified with a provider, or
- Pay for the services yourself (you will be reimbursed for eligible expenses after you've enrolled).

Retirement benefits

The Thrift Plan Summary Plan Description explains this plan in greater detail and is available online at [myRewards](#).

You can enroll in the Thrift Plan and make changes to your elections at any time by visiting [myRewards](#) online or by calling the Benefits Center during its hours of operation. **If you do not enroll or if you do not decline enrollment in the Thrift Plan, you will receive default coverage.**



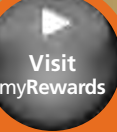
Explore this guide!

Even if you've enrolled for benefits before, it's smart to make sure you understand all of your BHGE benefits.



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Planning to enroll dependents?

These are considered eligible dependents for your Health and Protection benefits:

IMPORTANT

All BHGE employees are required to comply with the dependent eligibility verification process for all dependents covered under the BHGE Health & Protection benefit plans.



Be sure to update your beneficiaries for Life insurance, AD&D insurance, and the Thrift Plan.

Family member

Eligibility requirements

Your spouse

- Your legal spouse of opposite or same gender, including common law in states recognizing common law marriage, or a legally separated spouse in states recognizing legal separation

Your children

- Your dependent children up to age 26 regardless of whether they are married, full-time students or eligible for other group health plan coverage
- Your unmarried dependent children up to any age who are supported by you because of mental or physical disability; the disability must have occurred during the period in which they were an eligible dependent (up to age 26)

Eligible children include:

- Your biological children
- Your adopted children and children placed for adoption
- Your stepchildren
- Foster children in your care
- Any children for whom you have legal custody
- Any children for whom there is a Qualified Medical Child Support Order (QMCSO)

Eligible dependents do not include:

- Those who are in full-time military service
- Parents, siblings, grandparents, nephews, nieces, etc., under the Medical, Dental, or Vision plans. **Note:** They may qualify under the Flexible Spending Accounts, but only if they meet the requirements. Refer to IRS publications 502 and 503 for additional information.
 - www.irs.gov/publications/p502
 - www.irs.gov/publications/p503
- Domestic partners



TIP

You'll need the Social Security Number (SSN) of any dependent you cover. If you have not received an SSN for a dependent by the time you enroll, be sure to update his or her information with the [Benefits Center](#) once you receive it.



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* Newly hired
or transferred?

Visit
myRewards

How to enroll

Whether for the first time or during Annual Enrollment, enrolling is a snap — especially online!

When you log in, you'll need to take these 3 simple steps designed to protect your information:

1. Choose
a few security questions

2. Register
the computer or device you
use to access the site

3. Provide
updated contact information

None of this information will
be shared. If you have problems,
contact the [Benefits Center](#).

Online — two ways to enroll

- 1** **Logged on to the BHGE network?** Just type [go/myrewards](#) into your browser. There is no password required; you'll be instantly and securely logged on to [myRewards](#).
- 2** **From anywhere else on the Internet,** type [go.bakerhughes.com/myrewards](#), then log in with your user ID and password.

If you are a new hire, you'll need to create a user ID and password to access the website. You will need:

- The last 4 digits of your SSN or BHGE Global Identification Number (GID)
- Your date of birth (MM-DD-CCYY)
- Your home zip/postal code

Access is available 24 hours a day, Monday through Saturday, and after 12 p.m. Central Time on Sundays.

By phone — Benefits Center representative

Call the Benefits Center

1-866-244-3539 (within the U.S.)
1-847-883-0945 (worldwide)

Representatives are available Monday through Friday from 7 a.m. to 7 p.m. Central Time.

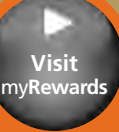
Annual Enrollment

During Annual Enrollment, if you wish to make changes, you must contact the [Benefits Center](#) directly and speak with a representative.



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After you enroll

Enrollment confirmation

If you make changes to your elections during Annual Enrollment, you'll receive a confirmation statement of your health and insurance elections at your BHGE e-mail address. If you find any errors, contact the Benefits Center immediately.

Insurance identification cards

If you are enrolling for the first time (or making changes during Annual Enrollment), you'll receive ID cards for the benefits below as indicated:

Benefit plan	Insurance ID card	Vendor
Medical plans	Yes	UnitedHealthcare (UHC)
Prescription Drug plans	Yes	CVS/caremark
Dental	Yes	Cigna
Vision	No	Vision Service Plan (VSP)

Dependent eligibility verification

All BHGE employees are required to provide proof of dependent eligibility for any new dependents added to coverage under the BHGE Health & Protection benefit plans.

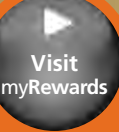
If you add dependents to your coverage, you will receive notification and information on the required proof of eligibility. If you do not submit acceptable documentation by the deadline provided, those dependents will be removed from the plans for which they were enrolled and will not have coverage.

Additionally, if a dependent becomes ineligible, you must notify the Benefits Center immediately. Intentionally covering ineligible persons under these plans may be subject to discipline, up to and including termination.



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If you don't enroll

BHGE provides some benefits automatically; others require you to enroll to have coverage. If you don't enroll by the deadline, your default coverage will depend on whether you're a newly hired or current employee (see below).

If you're an existing employee transferring within BHGE, your default coverage may be different. Visit [myRewards](#) online or contact the [Benefits Center](#) to verify your coverage.

Benefit plan	Newly hired employees	Current employees who remain eligible but don't enroll during Annual Enrollment
Medical (includes Prescription Drug coverage)	<i>You Only</i> coverage in the Choice Plus or UHC Out-of-Area PPO Medical plan*	Same coverage you currently have
Health Savings Account (HSA)	No participation	You must take action. You will have to enroll to continue contributing to your HSA; otherwise your contribution will be reset to \$0.**
Dental	No coverage	Same coverage you currently have
Vision	No coverage	Same coverage you currently have
Flexible Spending Accounts (FSAs)	No participation	You must take action. To continue participation in the Dependent Day Care FSA and the Health Care FSA, you must re-enroll during annual enrollment. If you do not re-enroll your coverage amount will default to \$0.
Employee Assistance Program (EAP) (available to all employees and family members)	Automatic coverage	Automatic coverage
Short-Term Disability (STD)	Automatic coverage	Automatic coverage
Long-Term Disability (LTD)	Automatic Core coverage	Same coverage you currently have
Life insurance	Automatic coverage (Basic only)	Same coverage you currently have

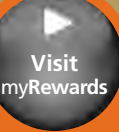
*You will need to pay for the default Medical and Prescription Drug coverage.

**The BHGE contribution will be automatic when you enroll in the Personal Choice Plus or Personal Out-of-Area PPO plans.



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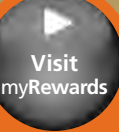


Benefit plan	Newly hired employees	Current employees who remain eligible but don't enroll during Annual Enrollment
Accidental Death & Dismemberment (AD&D) insurance	Automatic coverage (Basic only)	Same coverage you currently have
Business Travel Accident (BTA) insurance	Automatic coverage	Automatic coverage
Legal Plan	No coverage	Same coverage you currently have
Critical Illness plan	No coverage	Same coverage you currently have
Thrift Plan	Automatic participation for employee before-tax contributions (3%), company match (3%) and company base (4%) contributions. All contributions are invested in the Moderate Style Fund. You will be enrolled in auto escalation, which automatically increases your contribution by 1% each year, to a maximum contribution of 10%.	Same participation and contribution level you currently have



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When you can make changes to your benefit elections

When life changes, you can change your benefits as shown below by visiting [myRewards](#).

Benefit plan	When changes can be made
Health and Protection benefits	<p>You can make changes during the Annual Enrollment period (typically held during October or November each year) for benefits effective January 1 of the following year.</p> <p>You can also make modifications if you have a change in family status, such as the birth or adoption of a child, marriage or divorce, or if you have a change in employment status that affects your benefits eligibility. In most cases, you will need to notify the Benefits Center within 31 days from the date of the change. The effective date will be the same day as the status change (for example, your baby's birth date or date of marriage). For more information, access myRewards or call the Benefits Center.</p>
Thrift Plan	<p>You can make changes to your Thrift Plan contribution amounts and investment elections at any time.</p>

If you leave BHGE...

If your active benefits terminate, you and your dependents may be eligible for continuation of Medical, Prescription Drug, Dental, Vision, and Health Care Flexible Spending Account benefits under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). If you elect to continue any coverage under COBRA, you will automatically receive the Employee Assistance Program (EAP) at no additional cost.

For more information about COBRA, please refer to the Health & Welfare Summary Plan Description on [myRewards](#).



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2018 monthly premium rates

Here's how much you'll pay each month if you enroll in these health plans. Individual rates for Supplemental Life, Voluntary AD&D, Long-Term Disability, the Legal Plan, and Critical Illness can be found on [myRewards](#) when you enroll.

Medical

	You Only	You + Spouse	You + Children	You + Family
Choice Plus	\$121	\$351	\$215	\$478
UHC Out-of-Area PPO				
Personal Choice Plus	\$67	\$170	\$90	\$222
Personal Out-of-Area PPO				

Dental

You Only	\$18.00
You + Spouse	\$36.00
You + Children	\$38.00
You + Family	\$54.00

Vision

You Only	\$9.39
You + Spouse	\$15.03
You + Children	\$15.35
You + Family	\$24.74

BHGE pays the full cost of these benefits:

- Employee Assistance Program
- Short-Term Disability
- Core Long-Term Disability
- Basic Life insurance
- Basic AD&D insurance
- Business Travel Accident insurance
- Thrift Plan company base contribution



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- > **Your cost (rates)**

Deduction Authorization

As a BHGE employee, I understand that I may be eligible for Health and Welfare benefit coverage. Certain benefits are provided and paid for by BHGE. Other plans and coverage levels require an employee contribution. Upon election of any level of coverage which requires an employee contribution via payroll deduction, I hereby authorize BHGE to deduct the applicable contribution from my paycheck as required. I realize that premium amounts may be adjusted by the benefit providers/administrators or BHGE, and that I will be notified in writing of such changes.

BHGE accepts no liability or responsibility for paying any employee portion of premiums. Paychecks are prepared biweekly (26 paychecks per year). Most payroll benefit deductions are collected semi-monthly from the first two paychecks of each month (24 deductions per year). Depending upon timing of plan election, payroll deduction of retroactive premiums may be necessary.

If during the course of employment with BHGE, I am approved for a Leave of Absence (LOA), I understand I will be required to pay my employee contributions for coverage in place prior to leave. Payment of these premiums for continuation of coverages will be deducted from my paycheck. If I am not receiving pay during the leave, the benefit deductions will go into arrears and will be deducted from my regular pay upon my return to work.

Upon termination of employment, it may be necessary for BHGE to deduct the remainder of any employee contributions for the current month's coverages, in addition to any outstanding amounts.

Resources

Benefit plan	Provider	Phone number	Website
Enrollment, Eligibility, Summary Plan Descriptions, and Advocacy	Benefits Center	1-866-244-3539 or 1-847-883-0945 (worldwide)	myRewards go.bakerhughes.com/myrewards
Medical	UnitedHealthcare (UHC)	1-866-743-6549 or 1-866-802-8572 (worldwide)	www.myuhc.com
Health Savings Account (HSA)	Optum Bank	1-866-743-6549 or 1-866-802-8572 (worldwide)	www.myuhc.com
Prescription Drug	CVS/caremark	1-877-252-3485	www.caremark.com
Dental	Cigna	1-800-542-4293	www.mycigna.com
Vision	VSP	1-800-877-7195 or 1-916-635-7373 (worldwide)	www.vsp.com
Flexible Spending Accounts (FSAs)	UnitedHealthcare (UHC)	1-866-743-6549 or 1-866-802-8572 (worldwide)	www.myuhc.com
Employee Assistance Program (EAP)	Magellan	1-800-424-5915 or 1-314-387-4700 (worldwide)	www.magellanhealth.com/member
Short-Term Disability (STD)	Sedgwick	1-877-423-8677	www.claimlookup.com; client number 8504
Long-Term Disability (LTD)	Prudential	1-800-842-1718	www.prudential.com/mybenefits
Life and Accidental Death & Dismemberment (AD&D)	Benefits Center	1-866-244-3539 or 1-847-883-0945 (worldwide)	myRewards go.bakerhughes.com/myrewards
Legal Plan	Legal Access Plans LLC	1-888-416-4313	www.legaleaseplan.com/bakerhughes
Critical Illness plan	MetLife	1-800-438-6388	N/A
Thrift Plan	Benefits Center	1-866-244-3539 or 1-847-883-0945 (worldwide)	myRewards go.bakerhughes.com/myrewards



Contact information

This document includes information about the benefits programs offered by Baker Hughes, a GE Company. If you have difficulty understanding the information contained in this document, please contact the Benefits Center.

Este documento contiene la informacion de los programas de beneficios de salud y bienestar de Baker Hughes, a GE Company. Si tuviera alguna dificultad para entender alguna parte de este documento, por favor contacte al Centro de Beneficos.

Tài liệu này có thông tin về Các Chương Trình Quyền Lợi về Y Tế & Phúc Lợi và Các Chương Trình Hưu Trí của Baker Hughes Incorporated có hiệu lực vào ngày 1 Tháng Giêng, 2018. Nếu quý vị có bất cứ câu hỏi nào về thông tin trong tài liệu này, xin liên lạc Benefits Center.

Please note that the information presented in this document is only a summary. The actual eligibility requirements, benefits, terms, conditions, limitations, and provisions that govern these plans are contained in the plan documents or group insurance contracts. If, in our efforts to make the plans easy to understand, any of the plan provisions have been omitted or misstated, the official plan documents or insurance contracts are the final authority. The legal documents also govern the administration of the plans and payment of benefits. In case of any dispute, the information in the plan documents or contracts will prevail. The company intends to continue the plans described in this document indefinitely. However, the company reserves the right to amend, cancel, change carriers, or discontinue all or any part of the plans at any time.

