

**Baker Hughes Company**  
**Summary of Benefits**  
**Accident Protection Plan**



<b>Effective Date</b>	January 1, 2019
<b>Eligibility</b>	All Active Eligible Full & Part Time Employees working a minimum of 20 hours per week <i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>
<b>Benefits Payable</b>	<b>Voluntary Coverage</b>
Plan Design	24-Hour (Coverage is for accidents that happen on and off the job.)
Waiver of Premium	Excluded
Portability	Included
Wellness Benefit Rider	\$50, Employee and Insured Spouse and Insured Child

<b>Monthly Rates</b>	
	<b>Employee Paid</b>
	<b>Base + Enhanced</b>
<b>Employee</b>	\$10.38
<b>Employee + Spouse</b>	\$22.73
<b>Employee + Child(ren)</b>	\$19.33
<b>Employee + Spouse + Child(ren)</b>	\$28.35

*Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.*

<b>Base Benefits</b>	<b>Benefit Amount</b>
<b>Accidental Death &amp; Dismemberment</b>	
Life	\$30,000
Both hands or feet	\$30,000
One hand and one foot	\$30,000
One hand or foot	\$15,000
Two or more fingers or toes or combination	\$6,000
One finger or toe	\$3,000
<b>Accidental Death Common Carrier</b>	\$120,000
	(Child benefit 50% of employee/spouse)
<b>Initial Care</b>	
Ground Ambulance	\$300
Air Ambulance	\$1,800
Emergency Room Treatment	\$180
Physician Office/Urgent Care (per visit)	\$75/\$200
<b>Hospital Care</b>	
Hospital Admission	\$1,200
Hospital Confinement	\$225
Hospital ICU Admission	\$3,750
Hospital ICU Confinement	\$250

<b>Enhanced Benefits</b>	<b>Benefit Amount</b>
<b>Follow Up Care</b>	
Major Diagnostic Exam	\$240
Follow up Physician Visit	\$75
Medical Appliances	\$210
Physical Therapy	\$45
Prosthetic	
One device	\$750
Two or more devices	\$1,500
Rehabilitation Unit	\$120
Outpatient Ambulatory Surgery	\$200

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<b>Common Injuries</b>	
Blood/Plasma/Platelets	\$420
Abdominal/Thoracic Surgery	
- Surgery to repair	\$1,500
- Exploratory without repair	\$150
Burns	
- 2nd Degree (at least 36% of body surface)	\$750
- 3rd Degree (9 to 34 sq. inches)	\$1,500
- 3rd Degree (35 or more sq. inches)	\$12,000
<i>Skin Graft = 25% of burn benefit</i>	
Coma	\$15,000
Concussion	\$210
Dental Emergency	
- Broken teeth repaired with crown(s)	\$300
- Broken teeth resulting in extractions	\$120
Eye Surgery	\$300
<b>Dislocations</b>	
Surgical reduction type:	Open Reduction / Closed Reduction with Anesthesia
- Hip	\$4,800 / \$2,400
- Knee (except Patella)	\$2,400 / \$1,200
- Ankle or Foot (other than toes)	\$1,600 / \$800
- Collar Bone (Sternoclavicular)	\$1,200 / \$600
- Lower jaw	\$720 / \$360
- Shoulder (Glenohumeral)	\$720 / \$360
- Elbow	\$720 / \$360
- Wrist	\$720 / \$360
- Hand (other than fingers)	\$720 / \$360
- Collar Bone (Acromoclavicular)	\$240 / \$120
- One Toe or Finger	\$240 / \$120
	Closed Surgical Reduction Without Anesthesia - 25% of amount shown for Closed Reduction
<b>Fractures</b>	
Surgical reduction type:	Open Reduction / Closed Reduction with Anesthesia
- Skull (except bones of face or nose)	
Depressed	\$6,000 / \$3,000
Simple	\$2,400 / \$1,200
- Hip, Thigh (Femur)	\$3,600 / \$1,800
- Vertebrae (body of)	\$1,920 / \$960
- Pelvis (except coccyx)	\$1,920 / \$960
- Leg	\$1,920 / \$960
- Face or Nose	\$860 / \$420
- Upper Jaw (except Alveolar process)	\$860 / \$420
- Upper Arm (Elbow to Shoulder)	\$860 / \$420
- Lower Jaw (except Alveolar process)	\$720 / \$360
- Shoulder Blade or Collarbone	\$720 / \$360
- Vertebral Process	\$720 / \$360
- Forearm, hand, wrist (except fingers)	\$720 / \$360
- Kneecap	\$720 / \$360
- Foot (excluding toes)	\$720 / \$360
- Ankle	\$720 / \$360
- Rib	\$600 / \$300
- Coccyx	\$480 / \$240
- Finger or toe	\$120 / \$60
	Chip Fractures: 25% of amounts shown for Closed Reduction with Anesthesia

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<b>Lacerations</b>	
Total of all lacerations:	
- Not requiring stitches, staples or glue	\$45
- Not more than 5 cm	\$75
- Greater than 5 cm but not more than 15 cm	\$300
- Over 15 cm	\$600
<b>Paralysis</b>	
- Quadriplegia	\$15,000
- Paraplegia	\$7,500
- Hemiplegia	\$7,500
Ruptured Disc	\$600
<b>Tendons/Ligaments/ Rotator/Knee Cartilage</b>	
- Surgery to repair one	\$600
- Surgery to repair more than one	\$1,200
- Exploratory without repair	\$210
<b>Organized Sporting Activity Injury</b>	Increases amounts payable under Follow Up Care and Common Injuries sections by 25% up to \$10,000
Family Child Daycare (per day up to 30 days)	\$42
Family Lodging (per day)	\$210
Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)	\$600

**Important Details**

**This Summary of Benefits sheet is an overview of the Accident Protection Insurance being offered and is provided for illustrative purposes only and is not a contract.** It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

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Dependent children are covered to age 26

**Exclusions and Renewal Provisions:**

The policy does not cover loss due to disease, bodily or mental infirmity; suicide or intentionally self-inflicted injury, participating in a riot or felony; war; drug use not prescribed by a physician; loss occurring while intoxicated or engaged in hazardous activities including any kind of air diving / gliding / bungee jumping, off road motor use or motor race, stunt driving or speed testing; travel in a private aircraft (or commercial except as a fare paying passenger on a flight with at least 15 seats); engaging in semi or professional sports. Injury on the job is only covered under the 24 hour option.\*

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the sponsoring employer, or no longer meets the specific eligibility requirements stated in the Policy, or the Policy terminates. The policy is renewable at the option of the company. See the policy for terms and periods related to continuation during approved leaves.\*

\*Some state variations may apply

UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare Insurance Company and its affiliates. In Texas, it is provided on Policy Form UHCAC-POL-1-TX (01/12). UnitedHealthcare Insurance Company is located in Hartford, CT.

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