

Post-65 Retiree Medical coverage

Your OneExchange benefit advisor will help you understand all of your options for selecting an individual Medicare supplement plan from the Medicare marketplace. While you will have a choice of different plan designs, all of the supplement plans that are available fall into the categories shown below.

Details about these plans will be included in an Enrollment Guide that OneExchange will send to you. Your OneExchange benefit advisor will also walk through your options with you over the phone.

Medical and prescription drug options

Your individual coverage through OneExchange will consist of:

Medicare Supplement Insurance plan

(often called a **Medigap plan**), which helps pay some or all of the medical costs not covered by Medicare Parts A and B, such as coinsurance, deductibles, and copayments

With this type of plan, you can use the doctors and hospitals of your choice.



Medicare Part D plan,

which covers a portion of your prescription drug costs.

OR

Medicare Advantage plan

(also known as **Medicare Part C**), which generally replaces and covers the same services as Medicare Parts A and B and often includes coverage for prescription drugs.

Note: Medicare Advantage plan options vary depending on where you live.

With this type of plan, you may need to choose doctors and hospitals in the plan's network.

You must enroll in Medicare Part B before you can elect any supplemental insurance coverage, and you should do it well in advance of your retirement date. Medicare allows you to enroll up to 90 days prior to retirement.

Vision and Dental plans

Your BHGE group vision and dental coverage will end upon your retirement.

You can choose to continue that coverage under COBRA, or you can enroll in and purchase Dental or Vision coverage through OneExchange.

Separate enrollment

You and your Medicare-eligible spouse are not required to enroll in the same plan through OneExchange.

- Your Medicare-eligible spouse can enroll separately in a new plan.
- You can each choose and enroll in the plan(s) that best meet your individual health care needs and budget.

How Medicare works

Medicare benefits are provided in four parts — A, B, C and D (see the table below). The individual plans available to you through OneExchange will supplement these Medicare benefits.

	What it provides	How you enroll and pay for coverage
Medicare Part A	Medicare Part A helps cover: <ul style="list-style-type: none">• Inpatient hospital care• Inpatient care in a skilled nursing facility (not custodial or long-term care)• Inpatient care in a religious non-medical healthcare institution• Hospice care services• Home healthcare services	You are enrolled automatically when you become eligible, and monthly premiums are not usually required for coverage.
Medicare Part B	Medicare Part B helps cover medically necessary services such as: <ul style="list-style-type: none">• Physician services• Outpatient care• Home health services• Other medical services, such as some diagnostic and preventive services	You must enroll once eligible for Medicare. You pay monthly premiums for this coverage, typically deducted from your Social Security income. (Penalties apply for applying late.)
Medicare Part C	Medicare Part C plans are offered by private insurance companies to provide you with all of your Medicare Part A and Part B benefits plus additional benefits. <ul style="list-style-type: none">• They work like Preferred Provider Organizations (PPOs) or Health Maintenance Organizations (HMOs).• They offer a network of providers that you are required to use to receive the highest level of benefits.• These plans generally replace — and cover the same services as — Medicare Parts A and B.• Plans often provide broader coverage, including prescription drug benefits (replacing Medicare Part D).	You may elect to enroll and may pay monthly premiums for coverage.
Medicare Part D	Medicare Part D offers prescription drug coverage through private insurance companies to anyone eligible for Medicare Parts A and B. For more information on how Medicare Part D works, see page 21.	You may elect to enroll and may pay monthly premiums for coverage. Medicare Advantage plans often include prescription drug coverage, so you may not need to enroll separately. Your OneExchange benefit advisor will provide details.

Medicare Part D (prescription drug) plans

Medicare Part D plans have three coverage levels based on how much you spend on prescription drugs each calendar year:



Your initial coverage limit



The coverage gap (also known as the “donut hole”)



“Catastrophic” coverage, which begins when you meet the annual true out-of-pocket (TrOOP) maximum of \$5,000(for 2018). The TrOOP includes deductibles, coinsurance and copayments that you pay, as well as payments made by pharmaceutical manufacturers toward your cost of prescription drugs. Premiums do not count toward the TrOOP.

Here’s a look at how a basic Medicare Part D Prescription Drug plan generally works (amounts are subject to change in future years):

Initial coverage	Coverage gap	Catastrophic coverage
You + plan = \$3,750	You + other coverage = \$5,000	Plan pays majority
<p>You pay:</p> <ul style="list-style-type: none">the deductible (if any, under the selected plan), anda copayment or coinsurance for each eligible drug.	<p>Once your drug costs for the year equal the initial overage limit, you have a coverage gap (or “donut hole”) until you reach the TrOOP</p>	<p>After you meet the TrOOP, the plan pays about 95% of your drug costs through the end of the year.</p>
<p>The plan pays the rest of the drug cost until the total paid by you and the plan combined equals \$3,750. This is known as the “initial coverage” limit.</p>	<p>In the gap, you pay about:</p> <ul style="list-style-type: none">48% of the cost of most brand name drugs and 79% of the cost of generic drugs <p>The remaining cost is paid by pharmaceutical manufacturers.</p>	<p>You pay the greater of:</p> <ul style="list-style-type: none">\$3.35 for generic drugs, and\$8.35 for brand name drugs <p>OR</p> <ul style="list-style-type: none">5% of the total drug costs

Enhanced Medicare Part D Prescription Drug plans are also available and OneExchange can help explain all of your prescription drug options.



OneExchange phone calls

You will have at least two phone calls with OneExchange:

1

First phone call (setting up enrollment phone call) -

Please contact OneExchange after you review this guide. When you call, you will provide general information, and you and the OneExchange benefit advisor will schedule your evaluation and enrollment phone call. (If OneExchange does not receive a call from you, a OneExchange benefit advisor will call you prior to your estimated effective date.)

2

Second phone call (evaluation and enrollment phone call) -

You will call OneExchange at your scheduled appointment time. During the call, the benefit advisor will help you evaluate plans and enroll. The advisor will spend time with you discussing your options. You will then choose the plan(s) that fit your needs. You and the benefit advisor may decide that an additional phone call is necessary to complete your enrollment. If you and your Medicare-eligible spouse and/or child are enrolling in coverage, you will each make separate plan elections. You can schedule the one-on-one phone call together or separate — it's up to you.



Online support

If you prefer online support, go to the OneExchange website at [medicare.oneexchange.com/bakerhughes](https://www.medicare.oneexchange.com/bakerhughes).

Here you can:

- Take an assessment of your needs;
- Learn about the plans available in your area; and
- Use decision-making tools.



For your call with a OneExchange benefit advisor

With OneExchange, you get a personal advisor who will help you choose individual coverage. Because the benefit advisor will help you evaluate your options and enroll in the plan that you choose, you should expect your one-on-one evaluation and enrollment phone call to take some time. Set aside one hour for the conversation and consider doing the following to get comfortable:

- Use a speaker phone if you have one
- Sit in a comfortable spot
- Make arrangements for your family members, who may be helping, to listen

By law, the benefit advisor must provide you with legal disclaimers during and at the end of your call — this information can be lengthy and detailed, but it is an important part of the process.

Reimbursement process

If you're eligible for a company subsidy, this process will be managed by OneExchange. This means you will need to submit claims for reimbursement directly to OneExchange. The illustration below shows how the reimbursement process works.

How the reimbursement process works.



Select a medical/Rx plan

You select a medical/Rx plan through OneExchange. BHGE transfers your subsidy (if any) to OneExchange, if applicable.



Pay your premium

You pay your premium directly to your insurance carrier.



Submit your claim for payment

You submit your claim for payment to OneExchange OR (for premiums only) OneExchange retrieves claim validation from the insurance carrier and processes your payment automatically (auto-reimbursement).



You receive a refund

OneExchange reimburses you from your company funding.



Paying your premiums

Once you retire, you will pay your premiums for medical and prescription drug coverage to the insurance carrier and then be reimbursed from your company funding source, if eligible. If you have dependents who are under 65 and enrolled in the BHGE Retiree Medical plan, you will set up a payment arrangement with the BHGE Benefits Center, either via direct debit or a monthly mail payment.

You must enroll through OneExchange to receive your BHGE retiree medical funds

If you do not enroll in individual supplemental health care coverage through OneExchange, you will not be eligible to receive any company funds towards retiree medical, if applicable.