



Insured and/or administered by:
Cigna Health and Life Insurance Company

Baker Hughes Incorporated

Benefits at a Glance

Policy #05679D

Plan Start Date: January 1, 2021

This plan provides minimum essential coverage.

Please Note: This is a high level summary of your benefits. Please see your certificate booklet for detailed benefits and exclusions.

Cigna Global Customer Service		
Toll Free Telephone Number:	1.800.441.2668	
Direct Telephone:	1.302.797.3100 (collect calls accepted)	
Toll Free Fax Number:	1.800.243.6998	
Direct Fax Number:	001.302.797.3150	
Secure Website:	www.CignaEnvoy.com . Registration is required. (See member kit for registration information.) Secure email available at this site.	
Mail Delivery:	Cigna Global Health Benefits P.O. Box 15050 Wilmington, DE 19850-5050 U.S.A.	Cigna Global Health Benefits 300 Bellevue Parkway Wilmington, DE 19809 U.S.A

Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Eligibility	Refer to eligibility definition in the certificate		
Lifetime Maximum	\$1,500,000		
Calendar Year Deductible			
• Per Individual	\$0	\$0	\$0
• Per Family	\$0	\$0	\$0
Coinsurance (The percentage of covered expenses the plan pays)	100%	80%	80%
Out-of-Pocket Maximum			
• Per Individual	\$1,500	\$1,500	\$1,500
• Per Family	\$0	\$0	\$0

Certification Requirements – For services rendered inside the United States	
Precertification for inpatient and outpatient services received in the U.S. may be required. <ul style="list-style-type: none"> Providers must call our toll-free number, 1.800.441.2668 to pre-certify services. You or your dependents are responsible for ensuring that Out-of-Network providers pre-certify services. Failure to obtain precertification may affect Out-of-Pocket costs. This is a summary only and further details can be found in the certificate booklet. 	

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 Publication Date December 2, 2020 SCL-F

Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Physician's Services			
• Physician's Office Visit	80%	80%	80%
• Surgery Performed In the Physician's Office	80%	80%	80%
Preventive Care			
Routine Preventive Care – all ages	100%	100%	100%
Immunizations – all ages			
Travel Immunizations (Immunizations as required for travel)	100%	100%	100%
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100%	100%	80%
Inpatient Hospital Facility Services			
• Facility	100%	80%	80%
• Physician	100%	80%	80%
Outpatient Facility Services	100%	80%	80%
Emergency Room (Refer to certificate for coverage and exclusions)	100%	80%	80%
Urgent Care Services	80%	80%	80%
Laboratory and Radiology Services (including pre-admission testing)	100%	100%	80%
Outpatient Short-Term Rehabilitation (Calendar Year Maximum: 60-days for all therapies combined) <i>Includes: Cardiac, Speech, Occupational, Pulmonary and Cognitive Therapy</i> Note: The Short-Term Rehabilitation Therapy maximum does not apply to the treatment of Autism and/or Mental Health conditions.	80%	80%	80%
Outpatient Short-Term Rehabilitation Therapy Physical Therapy Calendar Year Maximum – 30 days	80%	80%	80%
Chiropractic Care Physician's Office Visit Calendar Year Maximum – 30 days	80%	80%	80%

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Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Maternity Care Services	80%	80%	80%
• Initial Visit to Confirm Pregnancy			
• All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)	100%	80%	80%
• Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist	80%	80%	80%
• Delivery – Facility (Inpatient Hospital, Birthing Center)	100%	80%	80%
Hearing Benefit	100%	100%	100%
• Exam: One every 24 month period			
Hearing Aid Maximum	100%	100%	100%
Up to \$1,000 per hearing aid unit necessary for each hearing impaired ear every 3 years for a dependent child under age 24			
Mental Health and Substance Use Disorder	100%	80%	80%
• Inpatient Facility			
• Outpatient Office Visit	80%	80%	80%

Prescription Drug Benefits		
	International (Outside of the U.S.)	
Purchased outside the United States	80%	
Purchased Inside the United States Only		
Benefit Highlights	Participating Pharmacy (U.S. In-Network)	Non-Participating Pharmacy (U.S. Out-of-Network)
Retail Drugs	The amount you pay for each 30 day supply	
Generic	20%	20%
Preferred Brand Name	20%	20%
Non-Preferred Brand Name	20%	20%
Home Delivery Prescription Drugs	The amount you pay for each 30 day supply	
Generic	20%	U.S. In-Network coverage only
Preferred Brand Name	20%	U.S. In-Network coverage only
Non-Preferred Brand Name	20%	U.S. In-Network coverage only

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Global Vision Care			
	International (Outside the U.S.)	U.S. In-Network	U.S. Out-of-Network
Examinations One eye exam every Calendar Year	100%	100%	100%
Vision Hardware			
Lenses & Frames One pair of frames every Calendar Year One pair of lenses every Calendar Year	100%	100%	100%
Combined Maximum Benefit	\$350		

Global Dental Care	
Calendar Year Maximum (Combined for Class I, II, III)	\$1,500
Lifetime Maximum (for Class IV)	\$1,500
Class I	<p>Preventive Care For diagnostic and preventative services including:</p> <ul style="list-style-type: none"> • Oral Exam - 2 per person, per year • Cleanings - 2 per person, per year • Bitewing X-rays - 2 per person, per year • Fluoride Applications - 1 per person, per year (Up to age 19) • Sealants - 1 per tooth, per 3 years • Full Mouth X-rays – 1 per person, per 3 years • Panoramic X-rays - 1 per person, per 3 years
Class II	<p>Basic Restorative For Basic Restorations:</p> <ul style="list-style-type: none"> • Endodontics • Periodontics • Prosthodontics Maintenance • Oral Surgery • Fillings • Root Canal • Periodontal Scaling and Root Planing • Repair to Bridgework and Dentures
Class III	<p>Major Restorative For Major Restorations:</p> <ul style="list-style-type: none"> • Dentures • Bridgework • Crowns
Class IV	<p>Orthodontia (for dependent children under age 19)</p>

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Emergency Evacuation	
Toll Free telephone number:	1.800.441.2668
Emergency Evacuation	100% of covered expenses not subject to the deductible for approved services.
Family Travel Arrangements	Economy round-trip airfare to the place of hospitalization for one family member for hospitalizations in excess of 7 days
Return of Dependent Children	One-way economy airfare to return dependent children to their country of residence
Repatriation of Mortal Remains	100% coverage

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