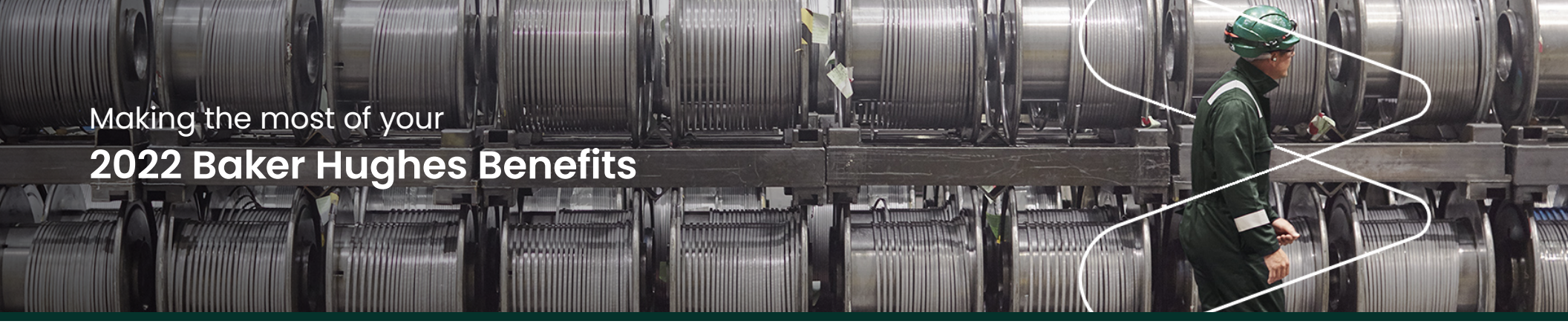
Baker Hughes

International Assignees & Rotators Guide

2022



Making the most of your

2022 Baker Hughes Benefits

Using this guide

Explore this interactive guide 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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Newly hired or transferred?

You have 60 days from your date of hire or transfer to enroll or you will receive default coverage.

This guide outlines the benefits offered to Baker Hughes 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.

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Medical

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Our Cigna Worldwide Medical plan helps 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.

Please note that you'll always save with network providers. Our Medical plan allows you to receive medical care through the Cigna network of physicians, specialists, hospitals, and clinics at pre-negotiated fees, which are usually lower than what you'd pay outside the network.

The chart below details some of the highlights of your medical coverage.

Save money on healthcare!

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

Plan feature	International	U.S. In-network	U.S. Out-of-network
Lifetime maximum	Unlimited	Unlimited	Unlimited
Deductible			
• Individual	$0	$0	$1,000
• Family	$0	$0	$2,000
Coinsurance	100%	80%	60%
Out-of-pocket maximum (includes deductible)			
• Individual	$2,000	$2,000	$4,000
• Family	$4,000	$4,000	$8,000
The percentage of covered expenses the Plan pays			
Preventive care	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
Travel immunizations (as required for travel)	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
Physician office visit	100% not subject to deductible	80% not subject to deductible	60% after deductible
Emergency Room	100% not subject to deductible	80% not subject to deductible	80% not subject to deductible
Ambulance	100% not subject to deductible	100% not subject to deductible	100% after deductible
Urgent care services	80% not subject to deductible	60% not subject to deductible	60% after deductible
Laboratory services	100% not subject to deductible	80% not subject to deductible	60% after deductible
Radiology services	100% not subject to deductible	80% not subject to deductible	60% after deductible
Advanced radiology services (i.e., MRIs, MRAs, CAT scans, PET scans)	100% not subject to deductible	80% not subject to deductible	60% after deductible
Outpatient surgery	100% not subject to deductible	80% not subject to deductible	60% after deductible
Inpatient hospital	100% not subject to deductible	80% not subject to deductible	60% after deductible
Maternity care services	100% not subject to deductible	80% not subject to deductible	60% after deductible

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Medical (continued)

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Plan feature	International	U.S. In-network	U.S. Out-of-network
	The percentage of covered expenses the Plan pays		
Infertility services	Diagnosis of infertility is covered under general physician office visits. Coverage will be provided for the following services: • GIFT, ZIFT, etc. • In-vitro • Artificial insemination		
• Physical office visit and counseling	100% not subject to deductible	80% not subject to deductible	60% after deductible
• Lab and radiology tests	100% not subject to deductible	80% not subject to deductible	60% after deductible
• Inpatient facility	100% not subject to deductible	80% not subject to deductible	60% after deductible
• Outpatient facility	100% not subject to deductible	80% not subject to deductible	60% after deductible
Hearing aid exam (one exam every 24 months)	100% not subject to deductible	80% not subject to deductible	60% after deductible
Hearing aid devices devices (limited to dependent children under 24 years, one per ear every 36 months, up to $1,000)	100% not subject to deductible	80% not subject to deductible	60% after deductible
Mental Health	100% not subject to deductible	80% not subject to deductible	60% after deductible
Substance Use Disorder	100% not subject to deductible	80% not subject to deductible	60% after deductible
Prescription Drug coverage	When you enroll in Medical, you automatically receive Prescription Drug coverage. Refer to the Prescription Drug Section for details.		

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You and CignaLinks

CignaLinks, part of the Cigna Global Health Benefits, is a collaboration between Cigna and local health care insurers or administrators. The program enhances quality and service by providing access to local health care administrators in selected countries while maintaining the benefits and advantages of a global plan. When you access care through a CignaLinks doctor or hospital, you will benefit from higher discounts and less paperwork.

If you are an employee who is on assignment, rotating, or you are a local national from a CignaLinks country, you will automatically be enrolled in the CignaLinks program. You may be required to fill out some additional paperwork. Cigna or Human Resources will contact you if this is necessary and will provide all the details.

CignaLinks networks are currently available in the United Kingdom, Australia, Hong Kong, the Middle East (Saudi Arabia, United Arab Emirates, Kuwait, Bahrain, Oman, and Qatar), Canada, Singapore, China, Macau, Indonesia, Taiwan, Malaysia, Brazil, Spain, South Africa, and Nigeria. Employees in China and Taiwan have access to the provider network in Hong Kong and employees in Malaysia and Indonesia have access to the provider network in Singapore.

CignaLinks ID cards

For employees in Australia, the Middle East, Canada, Spain, Brazil, or Africa (South Africa and Nigeria), you will receive two cards—your Cigna Global Medical ID card and a separate card for the local insurance carrier. Make sure and use your local ID card when making claims in those countries. You will receive a dual-branded ID card for Greater China, Southeast Asia, and the United Kingdom.

Learn More

Learn more about your Medical benefits

- Register with Cigna at **www.cignaenvoy.com** after your hire date or transfer date (allow approximately two weeks for your enrollment to be updated with Cigna)
- Search for doctors in the Cigna network
- Order replacement ID cards or print a temporary ID card
- Make real-time inquiries into the status and history of your Medical, Vision, or Prescription Drug claims
- Access health and well-being information

Annual policy maximum, out-of-pocket maximum, and coinsurance

Lifetime maximum

A lifetime maximum is the most the plan pays in benefits per covered person. Each covered person can receive unlimited care during his or her lifetime under the Baker Hughes policy.

Out-of-pocket maximum*

The out-of-pocket maximum limits the amount of eligible expenses that you're required to pay for covered services in a calendar year. Once you reach the out-of-pocket maximum, the plan pays 100% of eligible expenses up to the benefit limits for the rest of that calendar year. While coinsurance counts toward your out-of-pocket maximum, the following expenses don't apply toward the out-of-pocket limit each year: charges that aren't considered covered plan expenses and amounts above R&C limits.*

Coinsurance

Coinsurance is a form of cost-sharing between you and the plan. You pay a certain percentage of the eligible covered expenses and the plan will pay the rest for eligible health care expenses up to plan limits.

*Reasonable and Customary (R&C) charges are the standard costs for services in a geographic area.

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Explanation of how the out-of-pocket maximum works

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.

When an individual family member satisfies the individual out-of-pocket maximum, claims for that individual are covered at 100%. The out-of-pocket maximum includes the deductible, copays, pharmacy copays, and pharmacy coinsurance.

In this example, no family member has satisfied their individual deductible. However, the family as a whole has satisfied the family deductible of $700. Therefore, everyone is covered at the plan coinsurance level.

Member(s)	Deductible
Member 1 (Primary Member)	• $300 applied to deductible • This $300 is applied to the family deductible
Member 2 (Spouse)	• $150 applied to deductible • This $150 is applied to the family deductible
Member 3 (Child)	• $150 applied to deductible • This $150 is applied to the family deductible
Member 4 (Child)	• $100 applied to deductible • This $100 is applied to the family deductible

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Telemedicine

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Telemedicine is a form of virtual health that allows you to see or talk to doctor from your mobile device or computer.

What's covered by Cigna Global Health Benefits®?

- Telemedicine services are covered at the same coverage level and cost share as the same service if rendered through in-person consultation or contact – subject to the same medical necessity criteria.
  - Must be provided by an appropriately licensed and credentialed health care professional. (including primary care physicians and mental health professionals, etc.).
  - Coverage is provided per the terms and conditions of the policy and the health care professional's or vendor's contracting status: In- or out-of-network.
- Health care professionals, such as mental health professionals, primary care physicians, etc., may provide consultations via telemedicine.
- Telemedicine vendors, such as MDLIVE, Relay for Health, AmWell, etc., provide services for minor, non-urgent conditions.

Who can use telemedicine and how can they access services?

U.S. inpatriates (non-U.S. employees on an expatriate assignment in the U.S.), **Third Country Nationals** (non-U.S. employees on assignment in a country other than the U.S.), and **U.S. expatriates** (U.S. employees on assignment outside the U.S.) are eligible. This is how you can access services:

- Access services from any health care professional inside or outside the U.S. – home country or locally via web, email, phone, etc.
- Be aware of potential treatment limitations (including prescriptions) when seeking services from a remote health care professional.
- Access services from a local telemedicine vendor for minor, non-urgent care.
- For employees not located in the U.S., we do not recommend seeking services from a U.S. telemedicine vendor due to licensing regulations and treatment limitations.

Prescription Drug coverage

Learn More

Prescription drugs can be essential for treating a variety of conditions and we all need them occasionally. They're also expensive, which is why Baker Hughes 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 Baker Hughes—much less.

Under the Cigna Worldwide plan, you automatically receive Prescription Drug coverage through Cigna. When you utilize Cigna for your prescription drug coverage, you will pay the full price of the prescription drug at the time of purchase then submit a claim form for reimbursement. To file for reimbursement, you will use the same claim form used for medical claims.

International Only (Outside of the United States)	
Purchased outside the United States	100% covered at no cost to you

Certain preventive care medications covered under this plan and required as part of preventive care services (detailed information is available at www.healthcare.gov) are payable at 100% with no copayment or deductible, when purchased from a network pharmacy. A written prescription is required.

United States Only		
Benefit highlights	**Network pharmacy (U.S. In-network)**	**Non-network pharmacy (U.S. Out-of-network)**
Prescription Drug Products at Retail Pharmacies	**What you pay for a 30-day supply**	
Generic	20% (not subject to the deductible)	40% after the deductible
Preferred Brand Name	20% (not subject to the deductible)	40% after the deductible
Non-Preferred Brand Name	20% (not subject to the deductible)	40% after the deductible
Prescription Drug Products at Home Delivery Pharmacies	**What you pay for a 90-day supply**	
Generic	20% (not subject to the deductible)	In-Network coverage only
Preferred Brand Name	20% (not subject to the deductible)	In-Network coverage only
Non-Preferred Brand Name	20% (not subject to the deductible)	In-Network coverage only
Specialty Drug at Retail and Home Delivery Pharmacies	**What you pay for a 30-day supply**	
Generic	20% (not subject to the deductible)	40% after the deductible
Preferred Brand Name	20% (not subject to the deductible)	40% after the deductible
Non-Preferred Brand Name	20% (not subject to the deductible)	40% after the deductible

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Cigna Dental

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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 licensed 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.* When you incur a dental expense, you pay the full cost at the time of service unless you use a Cigna dental provider. You will need to file a claim through Cigna in order to be reimbursed. The claim form is the same one used for medical claims. If you have a question about a specific treatment, contact Cigna. Once you reach the annual dental maximum benefit, expenses will not be covered for the remainder of the plan year.

Type of service	Plan pays
Calendar year deductible Combined for Class II and III	$50 individual $150 family
Routine preventive services (Class I)	100% not subject to deductible
Basic care services (Class II)	80% after deductible
Major care services (Class III)	60% after deductible
Orthodontia (Class IV) Adults and children	50% not subject to deductible
Implants (Class V)	Not covered
Calendar year maximum Combined for Class I, II, and III	$2,000
Lifetime Class IV maximum	$2,000

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

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Vision

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Under the Cigna Worldwide plan, you automatically receive vision coverage. This coverage is designed to help you and your family take care of your vision needs anywhere in the world.

When you receive vision care services, you pay the full cost at the time of service. You will then submit a claim form to Cigna for reimbursement. The claim form is the same one used for medical claims. Cigna will reimburse expenses for routine vision exams and medically necessary care, but not cosmetic work.

	International (Outside of the U.S.)	United States (In-network and out-of-network)
Examinations One every 12 consecutive months	100% not subject to the deductible	100% not subject to the deductible
Lenses and Frames or Contacts One every 12 consecutive months	100% not subject to the deductible	100% not subject to the deductible
Exam Maximum Benefit	Unlimited	
Hardware Maximum Benefit	$350	

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International Employee Assistance Program (IEAP)

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As an employee, you and your family have access to free, confidential assistance for any work, personal, or family issue through the Cigna Global Health Benefits® International Employee Assistance Program (IEAP). At any time, any day, you can contact the IEAP for live assistance, including short-term professional counseling, and in-the-moment telephonic support.

You have access to worldwide support 24 hours a day, 7 days a week, 365 days a year. You can reach the IEAP toll free at 1-888-851-7032 or 1-877-857-2952. You can also make a reverse charge call at +44 208 987 6230. You can also access services and information at **www.cignaenvoy.com**.

The IEAP provides six face-to-face sessions with a counselor each year, and offers information and counseling on any work, personal or family issue that matters to you. There is no cost to you to use the IEAP and support is available in your native language.

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Benefits issues? Contact Advocacy.

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The confidential participant Advocacy service can help you with unresolved health plan access or claims issues with your Medical, Prescription Drug, Dental, and Vision.

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 Baker Hughes Benefits Center.

A Baker Hughes 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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International SOS (ISOS)

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Baker Hughes has contracted with ISOS to provide emergency evacuation services when adequate medical care is not available locally. Baker Hughes employees and their dependents on international assignment and/or traveling on company business are covered under the ISOS contract. ISOS provides the following medical, security, and travel assistance to Baker Hughes travelers and expatriates. You can:

- Speak to an English-speaking doctor 24 hours a day, 7 days a week
- Request a dispatch of prescription medication
- Get referrals to a doctor or dentist for emergencies
- Secure an evacuation or repatriation in the event of a serious injury
- Access country-specific information
- Check travel information in over 200 countries
- View summarized reports of health risks and situations around the world
- Check information on medical care and vaccination requirements
- Sign up to receive email health alerts that send travel health information to your PC, laptop, or wireless device

How to Use International SOS

International SOS (ISOS) is the world's leading provider of medical assistance, security services, and outsourced customer care. The ISOS network includes a multilingual staff that operates 24 hours a day, 365 days a year.

In the event of an emergency, contact the nearest ISOS Alarm Center. If calling from Europe, the U.S., Africa, or the Middle East, call +44 20 8762 8008. If calling from Asia, Australia, or the Pacific Rim, call +65 6338 7800 (call collect where available).

When placing a call to ISOS, make sure to provide the Baker Hughes membership number: 1CPA984.

Via Internet: **www.internationalSOS.com** (input membership number 1CPA984)

- Obtain destination reports
- Locate country guides
- Obtain health and travel security reports and warnings

Disability Benefits

Life Insurance Benefits

Accident (AD&D) Insurance Benefits

Business Travel Accident Insurance

Disability Benefits

Learn More

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 Baker Hughes disability benefits can help.
There are two kinds of disability coverage: Salary Continuation and Long-Term Disability.

Salary Continuation

Baker Hughes helps you prepare for unexpected absences by providing you with Salary Continuation at no cost to you.

The plan provides the continuation of your base pay during a disability for a period of up to 90 days or until recovery, whichever is earlier. If you are disabled for longer than 90 days, you may be eligible for Long-Term Disability.

Note: If an employee returns to his or her home country while receiving Salary Continuation, his or her hardship and Goods and Services allowance is stopped.

Disability Benefits

Life Insurance Benefits

Accident (AD&D) Insurance Benefits

Business Travel Accident Insurance

Long-Term Disability

Learn More

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 the continuation of a portion of your benefits base pay after a period of 90 days (the maximum benefit period for Salary Continuation).

LTD

- Pays 60% of your benefits base pay
- Maximum of $15,000 per month*
- Up to age 65 or recovery per the terms

*Subject to a reduction by deductible sources of income or other disability earnings. Your actual disability income may fall below the plan Maximum based on your annual benefits base pay. If your monthly income exceeds this amount, the per month Maximum indicates the Maximum eligible amount you may receive while disabled.

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 either in September, your date of hire, or your transfer date, whichever is later. Some field employees may have a gross-up rate in place of base salary.

Disability Benefits

Life Insurance Benefits

Accident (AD&D) Insurance Benefits

Business Travel Accident Insurance

Life Insurance Benefits

Learn More

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

Baker Hughes offers you a variety of life insurance coverage options to protect your family.

Basic Life insurance

Baker Hughes 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	2x benefits base pay, rounded to the next higher $1,000 if not already a multiple thereof (minimum $50,000; maximum $1 million)
Age 70 or over	Coverage is reduced by 50% the first of the year following your 70th birthday

Disability Benefits

Life Insurance Benefits

Accident (AD&D) Insurance Benefits

Business Travel Accident Insurance

Supplemental Life insurance

Learn More

You can buy additional life insurance for yourself, your spouse, and eligible dependent children through the Supplemental Life insurance plan. Depending on the amount of coverage you elect, you and/or your spouse may be required to provide Evidence of Insurability (EOI).

Coverage type	Coverage amount
Employee coverage*	1x to 8x benefits base pay rounded to the next higher $1,000 if not already a multiple thereof (up to a maximum of $1 million)
Spouse coverage Spouse coverage cannot exceed 100% of an employee's total life insurance coverage.	Choose from these benefit amounts: • $25,000 • $50,000 • $75,000 • $100,000 • $150,000 • $200,000 • $250,000
Dependent child coverage You may elect child life coverage for your eligible dependents even if you are not enrolled in employee Supplemental Life.	$10,000 per covered child If both you and your spouse are Baker Hughes 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). If you are required to complete EOI, you will be notified at the time of enrollment.

Disability Benefits

Life Insurance Benefits

Accident (AD&D) Insurance Benefits

Business Travel Accident Insurance

Accidental Death & Dismemberment

Learn More

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 have. Baker Hughes pays the full cost of Basic 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 2x your benefits base pay rounded to the next higher $1,000 if not already a multiple thereof (minimum $50,000; maximum $1 million).

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.

Disability Benefits

Life Insurance Benefits

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Business Travel Accident Insurance

Voluntary AD&D insurance

Learn More

You pay the full cost of this coverage.

Coverage type	Coverage amount
Employee coverage	Choose from these coverage amounts: • $25,000 • $50,000 • $100,000 • $150,000 • $200,000 • $250,000 Amounts in excess of $150,000 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: • 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)

Check it Out!

If both you and your spouse are Baker Hughes 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.

Disability Benefits

Life Insurance Benefits

Accident (AD&D) Insurance Benefits

Business Travel Accident Insurance

Business Travel Accident insurance

Learn More

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 Baker Hughes business. BTA coverage is provided at **no cost to you**.

Coverage type	Coverage amount
Employee coverage	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 coverage (during relocation)	$25,000
Dependent child coverage (during relocation)	$10,000

International Retirement Plan

Employee Stock Purchase Program

International Retirement Plan

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The International Retirement Plan (or "IRP")* is designed to provide you with a way to accumulate personal savings for your retirement. The IRP is administered by JTC Employer Solutions (JTC).

Contributions

Employee Contribution Account

You may contribute between 1% and 50% of your eligible pay into your International Retirement Plan account each pay period. Eligible Pay includes your regular base pay, overtime pay, shift differentials, commissions, and eligible bonuses paid during the year. Eligible bonuses include variable pay for services rendered, such as bonuses paid under incentive compensation plans. (To help you decide how much to contribute, access the Projected Benefits page in the Plan Management section of the website.)

Changing Your Contribution Amounts

You may change the amount you contribute at any time by going to the **JTC website** to request this change. The change will take effect from the pay period following your election, or as soon as administratively feasible.

Company Matching Contributions

If you save this much:	The Company contriutes an additional:
1.0%	1.0%
2.0%	2.0%
3.0%	3.0%
4.0%	4.0%
5.0% - 50%**	5.0%

*Not applicable for Assignees/Rotators covered under home country pension or local pension scheme.

**The matching contribution applies only to the first 5% that you save.

Learn More

Company base contributions

Each payroll period, the Company automatically contributes an amount equal to a percentage of your eligible pay. You do not have to contribute your own money to receive these contributions. The amount you receive depends on your age on the last day of that pay period as shown here:

Your current age	The Company contriutes an additional:
Under 35	2.0%
35-39	2.5%
40-44	3.0%
45-49	3.5%
50-54	4.0%
55-59	4.5%
60 or Older	5.0%

If you become disabled

If you become disabled, the Company will continue to make base contributions to your IRP account for up to 90 days, as long as you are eligible for Salary Continuation under the Baker Hughes Salary Continuation plan for at least one day of each pay period. However, if your employment with Baker Hughes ends during this time, Baker Hughes contributions will stop.

Rollover contributions

If you participated in a previous employer's retirement plan, you will not be able to roll over any funds into the International Retirement Plan. Also, if you remain active with Baker Hughes, but move to an IRP-ineligible company code, you will not be able to roll over your IRP account into another Baker Hughes retirement plan.

Vesting

You are always 100% vested in your own contributions, the Baker Hughes matching contributions, and any related earnings.

International Retirement Plan

Employee Stock Purchase Program

Employee Stock Purchase Program (ESPP)

Learn More

The Employee Stock Purchase Program (ESPP) gives eligible employees the opportunity to purchase company shares at a 15% discount without brokerage commissions or fees. You'll have four opportunities each year, one per quarter, to enroll in the ESPP. Your first opportunity to enroll in the ESPP will be this year during Annual Enrollment. Fidelity will administer the ESPP.

Contributions are deducted on an after-tax basis from each paycheck based on your election of up to $3,000 per quarter. Your contributions add up between the offering date and the purchase date. The purchase date for payroll contributions is the last day of March, June, September, and December on which trading in Baker Hughes common stock is conducted on the New York Stock Exchange.

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Your Baker Hughes benefits: The big picture

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

Baker Hughes offers a variety of benefits that help you manage and protect your health and your family's health.

Your benefits and compensation collectively form the Total Rewards you receive for working at Baker Hughes. 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 **Baker Hughes Benefits Center**

Total Rewards at Baker Hughes

Your Total Rewards consists of base pay, benefits, and other compensation.

Baker Hughes role:	Your 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.	• 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.

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Before you enroll

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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 60 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 Baker Hughes 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)

Explore this guide!

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

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Planning to enroll dependents?

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

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

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.
- Domestic partners

Helpful 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 Baker Hughes Benefits Center once you receive it.

Be sure to update your beneficiaries for life insurance and AD&D insurance.

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How to enroll

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

There are two ways you can enroll in your benefits: online or by phone.

Online — BakerHughesBenefits.com/assignee/intl

From **BakerHughesBenefits.com/assignee/intl**, click on *Enroll, Change, or Review Benefits.* And then select *Health & Protection Benefits*.

The first time you access the enrollment system, you will need to create a new user ID and password. Here are the steps you will need to follow:

- You will need your work email, employee ID or Social Security Number to start the process. An email will be sent to the email address on file for you with an authentication code. Type that code into the box on the screen.
- Then the site will ask you to type in a mobile phone number where you can receive a text. This is called multi-factor authentication.
- Check your text messages for a code to type into the box on the screen.
- Create a password at least eight characters long. The site will require you to include a combination of capital and lowercase letters, numbers, and symbols.
- Each time you log in, you will be required to use multi-factor authentication (sending your mobile phone a text with a code).

By phone — Baker Hughes Benefits Center

Call the Baker Hughes Benefits Center

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

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

Make Changes?

During Annual Enrollment, if you wish to make changes, you must contact the **Baker Hughes Benefits Center** directly and speak with a representative.

If you have problems accessing the enrollment system or enrolling for benefits, contact the **Baker Hughes Benefits Center**.

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After you enroll

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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 Baker Hughes email address. If you find any errors, contact the Baker Hughes 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 these benefits as shown:

Benefit plan	Insurance ID card	Vendor
Medical (including Vision and worldwide Prescription Drugs)	Yes	Cigna Global Health Benefits
Dental	No	Use your medical card

**You may receive an additional card if you are from (or working in) a CignaLinks country. See page 3 for further details.*

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If you don't enroll

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Baker Hughes 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). Confirmation statements will auto generate for changes only. Even if you do not enroll or make changes during Annual Enrollment, we encourage you to access **BakerHughesBenefits.com/assignee/intl** to ensure you have the right coverage in place.

Benefit plan	Newly hired employees	Current employees who remain eligible but don't enroll during Annual Enrollment
Medical (includes Prescription Drug coverage)	*You Only* coverage*	Same coverage you currently have
Dental	No coverage	Same coverage you currently have
Salary Continuation	Automatic coverage	Automatic coverage
Long-Term Disability (LTD)	Automatic coverage	Automatic coverage
Life Insurance	Automatic coverage (Basic only)	Same coverage you currently have
Accidental Death & Dismemberment (AD&D) insurance	Automatic coverage (Basic only)	Same coverage you currently have
Business Travel Accident (BTA) insurance	Automatic coverage	Automatic coverage

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

If you're an existing employee transferring within Baker Hughes, your default coverage may be different. Visit **BakerHughesBenefits.com/assignee/intl** online or contact the **Baker Hughes Benefits Center** to verify your coverage.

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Making changes to your benefit elections

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When life changes you can change your benefits as shown below by visiting **BakerHughesBenefits.com/assignee/intl**.

Benefit plan	When changes can be made
Health benefits	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. 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 Baker Hughes Benefits Center within 60 days of 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 your date of marriage). For more information, access **BakerHughesBenefits.com/assignee/intl** or call the **Baker Hughes Benefits Center**.

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2022 monthly premium rates

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	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical Monthly Premium Rates				
Cigna Worldwide Medical	$60	$135	$123	$197
Dental Monthly Premium Rates				
Cigna Worldwide Dental	$7	$14	$19	$26

Baker Hughes pays the full cost of these benefits:

- Salary Continuation
- Long-Term Disability
- Basic Life insurance
- Basic AD&D insurance
- Business Travel Accident insurance

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Deduction Authorization

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As a Baker Hughes employee, I understand that I may be eligible for Health and Welfare benefit coverage. Certain benefits are provided and paid for by Baker Hughes. 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 Baker Hughes to deduct the applicable contribution from my paycheck as required. I realize that premium amounts may be adjusted by the benefit providers/administrators or Baker Hughes and that I will be notified in writing of such changes.

Baker Hughes accepts no liability or responsibility for paying any employee portion of premiums. Paychecks are prepared biweekly. Depending upon timing of plan election, payroll deduction of retroactive premiums may be necessary.

If during the course of employment with Baker Hughes 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 Baker Hughes to deduct the remainder of any employee contributions for the current month's coverages, in addition to any outstanding amounts.

Contact

Resources

Baker Hughes

Benefit plan	Provider	Phone number	Website/Email
Enrollment, Eligibility, Summary Plan Descriptions, and Advocacy	Baker Hughes Benefits Center	1-847-883-0945 (worldwide) 1-866-244-3539 (within the U.S.)	Baker Hughes Benefits Center
Medical (includes Prescription Drug, Dental, and Vision)	Cigna Global Health Benefits®	1-800-441-2668 (worldwide) 302-797-3100 (collect) 302-797-3150 (fax)	www.cignaenvoy.com
International Employee Assistance Program (IEAP)	Cigna Global Health Benefits®	Toll Free: 1-888-851-7032 or 1-877-857-2952 Reserve Charge: +44 208 987 6230	www.cignaenvoy.com
International SOS	ISOS	44-20-8762-8008 (if calling from Europe, the U.S., Africa, or the Middle East) 65-6338-7800 (if calling from Asia, Australia, or the Pacific Rim)	www.internationalSOS.com Membership number: 1CPA984
Salary Continuation	myHR		myhrhome.bakerhughes.com
Long-Term Disability (LTD)	myHR		myhrhome.bakerhughes.com
Life and Accidental Death & Dismemberment (AD&D)	Baker Hughes Benefits Center	1-847-883-0945 (worldwide) 1-866-244-3539 (within the U.S.)	Baker Hughes Benefits Center
International Retirement Plan	JTC Employer Solutions (JTC)	+44 (0) 1534 702 999	email: eshelp@jtcgroup.com email: IRP@bakerhughes.com website: jtcgroup.com/ESOnline
Employee Stock Purchase Program	Fidelity	1-800-544-0275 (worldwide) or 1-800-544-9354 or Visit fidelity.com/globalcall for local toll-free numbers	www.netbenefits.com

Contact information

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

Este documento contiene la informacion de los programas de beneficios de salud y bienestar de Baker Hughes. 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 Hu Incorporated có hiệu lực vào ngày 1 Tháng Giêng, 2022. Nếu quý vị có bất cứ câu hỏi nào về thông tin trong tài liệu n 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.

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