

# Comparing Baker Hughes Medical Plans

We've designed our Medical plans to meet the diverse needs of our employees

## Your Medical Plan Options

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

### Standard Plan

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. Your prescription drug costs contribute towards the out-of-pocket maximum.

### Premium HSA and Basic HSA

The individual deductible limit applies only if you elect Employee 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 out-of-pocket maximum. Once two or more individuals reach the family out-of-pocket maximum, the individual limits no longer apply.

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

|  | Standard Plan  | Premium HSA  | Basic HSA                               |
|--|--|--|---|
| <b>Type of Plan</b>  | Traditional PPO  | High Deductible Health Plan  | High Deductible Health Plan             |
| <b>Deductible</b>  | Individual: \$750<br>Family: \$1,500   | Individual: \$1,500<br>Family: \$3,000*  | Individual: \$3,250<br>Family: \$6,500* |
| <b>Out-of-Pocket Maximum</b>   | Individual: \$4,000<br>Family: \$8,000   | Individual: \$5,000<br>Family: \$10,000  | Individual: \$6,500<br>Family: \$13,000 |
| <b>Company HSA Contribution</b>  | N/A  | Employee Only: \$500<br>Employee & Spouse: \$750<br>Employee & Child(ren): \$750<br>Employee & Family: \$1,000 | N/A                                     |
| <b>Preventive Care</b>   | Covered 100% in-network, no deductible   |  |   |
| <b>Coinsurance</b>   | 20% in-network services;<br>40% of eligible expenses out-of-network  |  |   |
| <b>Physician Office<br/>Hospital Stays<br/>Outpatient Services<br/>Urgent Care</b> | Subject to deductible and coinsurance  |  |   |
| <b>Virtual Visits</b>  | \$0 copay after deductible is met<br>(Teladoc, Amwell, and Doctors on Demand, or Optum Virtual Care (where available)) |  |   |
| <b>Emergency Room</b>  | \$100 copay, plus deductible and coinsurance; copay waived if admitted   |  |   |

\*Must meet family deductible if coverage tier is other than Employee Only.