

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

Effective Date	1-Jan-24		
Eligibility	All Active Full 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>		
Benefits Payable	Voluntary Coverage		
Plan Design	24 Hour (Coverage is for accidents that happen on and off the job.)		
Portability	Included		
Plan Benefits	Low Plan	High Plan	
Initial Care			
Ground Ambulance	\$200	\$400	
Air Ambulance	\$750	\$1,500	
Emergency Room Treatment	\$100	\$200	
Physician Office/Urgent Care (per visit)	\$100	\$200	
Hospital Care			
Hospital Admission	\$1,000	\$2,000	
Hospital Confinement	\$125	\$225	
Hospital ICU Admission	\$1,500	\$3,000	
Hospital ICU Confinement	\$200	\$400	
Follow Up Care			
Appliances Benefit			
- Wheelchair	\$200	\$400	
- Knee Scooter	\$200	\$400	
- Knee Immobilizer	\$200	\$400	
- Lumbar Spine Brace	\$200	\$400	
- Walking Boot	\$200	\$400	
- Walker	\$200	\$400	
- Crutches	\$200	\$400	
- Leg Brace	\$200	\$400	
- Cervical Collar	\$200	\$400	
- Cane	\$50	\$100	
- Ankle Brace	\$50	\$100	
- Ankle Boot	\$50	\$100	
- Air Cast	\$50	\$100	
Follow up Physician Visit	\$50	\$100	
Major Diagnostic Exam	\$100	\$200	
Minor Diagnostic Exam	\$100	\$200	
Prosthetic			
- One Device	\$500	\$1,000	
- Two or More Devices	\$1,000	\$2,000	
Rehabilitation Facility (per day/Up to 30 days)	\$75	\$150	
Rehabilitation Therapy (per visit/up to 10 Visits)	\$25	\$50	
Common Injuries			
Abdominal/Thoracic Surgery			
- Surgery to repair	\$1,000	\$2,000	
- Exploratory without repair	\$100	\$200	
Cranial Surgery	\$200	\$400	
Eye Surgery			
- Removal of foreign body	\$100	\$200	
- Surgical Repair	\$200	\$400	
Hernia Surgery	\$200	\$400	
Arthroscopic Surgery	\$200	\$400	
Non-Specific Surgery			
- General Anesthesia	\$200	\$400	
- Conscious Sedation	\$100	\$200	
Tendon / Ligament / Shoulder Cartilage / Rotator Cuff / Knee Cartilage Surgery			
- Surgery to repair one	\$300	\$600	
- Surgery to repair more than one	\$600	\$1,200	
- Exploratory without repair	\$150	\$300	

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail

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Blood/Plasma/Platelets	\$200	\$400
Burns		
- 2nd Degree (at least 36% of body surface)	\$450	\$900
- 3rd Degree (9 to 34 sq. inches)	\$900	\$1,800
- 3rd Degree (35 or more sq. inches)	\$6,000	\$12,000
		Skin Graft = 50% of burn benefit
Coma	\$6,000	\$12,000
Concussion	\$150	\$300
Lacerations		
- Greater Than 15 cm	\$400	\$600
- 5 cm - 15 cm	\$250	\$500
- Less Than 5 cm	\$50	\$100
- Not Requiring Sutures	\$30	\$60
Paralysis		
- Quadriplegia	\$10,000	\$20,000
- Hemiplegia	\$5,000	\$10,000
- Paraplegia	\$5,000	\$10,000
Ruptured / Herniated Disc	\$500	\$1,000
Emergency Dental Work		
- Crown(s)	\$100	\$200
- Extraction(s)	\$100	\$200
Medical Supplies / Over-the-counter(one time per plan year)	\$10	\$20
Family Child Daycare (per day up to 30 days)	\$30	\$45
Lodging (per day up to 30 days)	\$100	\$200
Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)	\$250	\$500
Fractures		Open Reduction / Closed Reduction
- Skull (Depressed, except bones of face or nose)	\$4,000 / \$2,000	\$8,000 / \$4,000
- Sternum	\$4,000 / \$2,000	\$5,000 / \$2,500
- Hip, Thigh (Femur)	\$4,000 / \$2,000	\$8,000 / \$4,000
- Skull (Simple, except bones of face or nose)	\$2,000 / \$1,000	\$4,000 / \$2,000
- Leg (from top of tibia to ankle joint)	\$2,000 / \$1,000	\$4,000 / \$2,000
- Pelvis (Excluding Coccyx)	\$3,000 / \$1,500	\$6,000 / \$3,000
- Vertebrae (body of)	\$3,000 / \$1,500	\$6,000 / \$3,000
- Sacral / Sacrum	\$750 / \$375	\$1,500 / \$750
- Face or Nose (except teeth)	\$1,000 / \$500	\$2,000 / \$1,000
- Upper Arm (Elbow to Shoulder)	\$1,500 / \$750	\$3,000 / \$1,500
- Upper Jaw (except Alveolar process)	\$1,000 / \$500	\$2,000 / \$1,000
- Ankle	\$1,000 / \$500	\$2,000 / \$1,000
- Foot (except Toes)	\$1,000 / \$500	\$2,000 / \$1,000
- Forearm, Hand, Wrist (except Fingers)	\$1,000 / \$500	\$2,000 / \$1,000
- Kneecap	\$1,000 / \$500	\$2,000 / \$1,000
- Lower Jaw (except Alveolar process)	\$1,000 / \$500	\$2,000 / \$1,000
- Shoulder Blade or Collarbone	\$1,400 / \$700	\$2,800 / \$1,400
- Vertebral Process	\$1,000 / \$500	\$2,000 / \$1,000
- Rib(s)	\$600 / \$300	\$1,200 / \$600
- Coccyx	\$300 / \$150	\$600 / \$300
- Finger or Toe	\$300 / \$150	\$400 / \$200
		Chip Fractures: 25% of amounts shown for Closed Reduction
Dislocations		Open Reduction / Closed Reduction
- Hip	\$3,000 / \$1,500	\$6,000 / \$3,000
- Elbow	\$1,000 / \$500	\$2,000 / \$1,000
- Ankle	\$2,000 / \$1,000	\$4,000 / \$2,000
- Collar Bone (Sternoclavicular)	\$1,000 / \$500	\$2,000 / \$1,000
- Foot (except toes)	\$2,000 / \$1,000	\$4,000 / \$2,000
- Hand	\$800 / \$400	\$1,600 / \$800
- Knee Cap (Patella)	\$2,000 / \$1,000	\$4,000 / \$2,000

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- Lower Jaw	\$400 / \$200	\$800 / \$400
- Shoulder Blade	\$500 / \$250	\$1,000 / \$500
- Wrist	\$500 / \$250	\$1,000 / \$500
- Collarbone (Acromioclavicular separation)	\$800 / \$400	\$1,600 / \$800
- Finger or Toe	\$200 / \$100	\$400 / \$200
Organized Sporting Activity Injury	Increases amounts payable under Follow Up Care and Common Injuries sections by 25%	
Additional Benefits		
Medical Expense Benefit		\$100
Monthly Rates		
Benefits+Rider(s) - Voluntary	Low Plan	High Plan
Employee	\$4.06	\$7.41
Employee + Spouse	\$6.33	\$11.67
Employee + Child(ren)	\$8.43	\$15.60
Employee + Spouse + Child(ren)	\$12.68	\$23.60

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

Note: select only one option that best fits your coverage needs

UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POL-TX (2018) and in Virginia on form UHI-ACC-POL-VA (2018). The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

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.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

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.

Exclusions and Limitations

This Policy does not cover any loss caused by or resulting from (directly or indirectly):

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
2. suicide or intentionally self-inflicted Injury;
3. active participation in a riot;
4. committing or attempting to commit a crime, or participating or attempting to participate in a crime;
5. taking part in the commission of an assault or being engaged in an illegal activity;
6. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You by a Physician and taken as prescribed;
8. driving or in physical control of a Motor Vehicle while Intoxicated;
9. engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law;
10. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
11. travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
12. travel or flight in, or descent from any aircraft, except if employment duties require You to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
13. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; or
14. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employers' Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule;
15. an Accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for Treatment received outside of the United States.