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# 2024 Retiree Benefits Guide

# This document includes information on the Baker Hughes Retiree Health & Welfare Benefits Plans and Retirement Plans effective January 1, 2024.

It replaces all previously published Retiree Benefits Guides. If you have any questions regarding the information in this document, contact the Baker Hughes Benefits Center. Baker Hughes benefits representatives are available at **1-866-244-3539**. Health & Protection representatives are available Monday – Friday, 7:00 a.m. to 7:00 p.m. CST. 401(k) representatives are available Monday – Friday 7:00 a.m. to 9:00 p.m. and Saturdays 8:00 a.m. to 4:30 p.m. CST.

Este documento tiene información sobre los planes de Beneficios de salud y bienestar para jubilados y los planes de jubilación de Baker Hughes, que entrará en vigencia a partir del 1º de enero de 2024. Esto reemplaza a todas las publicaciones anteriores de Guía de Beneficios de Jubilación. Si tuviera preguntas sobre la información en este documento comuníquese con el Centro de beneficios al **1-866-244-3539** (en EE.UU.) o al **1-847-883-0945** (internacional), de lunes a viernes de 7 a.m. a 7 p.m., horario región central de EE.UU.

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 Hughes, a GE Company, có hiệu lực vào ngày 1 Tháng Giêng, 2024. Tài liệu này thay cho tất cả các Sổ Hướng Dẫn về Quyền Lợi Cho Người Hưu Trí đã được xuất bản trước đây. Nếu quý vị có bất cứ câu hỏi nào về thông tin trong tài liệu này, xin liên lạc Benefits Center (Trung Tâm Phúc Lợi) tại số 1-866-244-3539 (trong nội địa Hoa Kỳ) hoặc số 1-847-883-0945 (trên khắp thế giới) Thứ Hai tới Thứ Sáu từ 7 sáng tới 7 tối giờ Miền Trung.

Baker Hughes intends to continue the plans indefinitely. However, Baker Hughes reserves the right to amend, cancel, change the carrier for, or discontinue all or any part of the plans at any time. The actual eligibility requirements, benefits, terms, conditions, limitations, and provisions that govern these plans are contained in the plan documents or group insurance contracts. The official plan documents or insurance contracts must remain the final authority. The legal documents also govern the administration of the plans and payment of benefits. In the case of a dispute, the information in the plan documents or contracts will prevail. To request a copy of the plan documents, write to:

Baker Hughes  
Attn: North America Total Rewards  
575 N. Dairy Ashford, Energy Center II  
Houston, TX 77079-1117  
(Please provide your name and mailing address.)

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# Ready for retirement?

Retirement is one of the most important events in your life. A successful retirement takes careful planning — planning that hopefully began early in your working career to help make sure that you will have the income you need when you want to retire. Experts agree that you need approximately 70% of your pre-retirement income for each year in your retirement. The amount you require depends on the following:



## Your retirement lifestyle and spending habits.

Do you plan to travel or do you plan to spend more time at home with the grandkids?



## Your health and the cost of medical care.

As medical costs continue to rise nationwide, you will need to plan for health care costs in your retirement years. In addition, the amount you pay for Retiree Medical coverage may be more than what you paid as an active employee.



## How long you expect to live after you retire.

Your retirement nest egg may seem like a lot of money, but you may need to make it last for 20 years or more.

## How to retire

As you consider retirement, if you plan to enroll in retiree benefits or have questions regarding your retirement coverage options, please contact the Baker Hughes Benefits Center at **1-866-244-3539**, Option 1. If you are pre-65, go to <https://bakerhughes.ehr.com> to perform a retirement modeling which displays the retiree medical options and premiums. If you are post-65, go to <https://my.viabenefits.com/bakerhughes> to review the medical plans.

Note: You will not be able to make retiree medical elections until your retirement date is in effect and has been sent across to the Benefits Center via a Workday file feed.

Don't wait until the last minute to follow these steps:

- Coordinate your retirement date to coincide with the last day of the month to make sure you have uninterrupted medical coverage.
- Once you have decided on your retirement date notify Baker Hughes of your intent to retire.
- Notification may be provided via email by sending a request to [MyHR@bakerhughes.com](mailto:MyHR@bakerhughes.com).

## Eligibility

You must be at least age 60 with at least 10 years of service on your retirement date. Plus you must be covered under an eligible Baker Hughes active Medical plan at the time of retirement to be eligible for either the Baker Hughes Retiree Medical plans or coverage through Via Benefits.

## Who is Via Benefits?

65+

Via Benefits is the leading “Medicare Coordinator” in the country — effectively transitioning retirees from group plans to the individual Medicare market. Via Benefits has licensed benefit advisors who are trained to help you compare and select an individual plan to supplement Medicare based on your needs and your budget. You'll receive unbiased advice — Via Benefits benefit advisors do not receive a commission for enrolling individuals into any of the plans being offered. Via Benefits has helped thousands of Medicare-eligible retirees evaluate and enroll in supplemental coverage.

Through Via Benefits, you'll gain access to a number of different medical and prescription drug plans. Via Benefits currently partners with more than 75 of the leading insurance companies in the market, including all major national carriers as well as some local plans.

**Please watch for mailings from Via Benefits.** After you enroll in your coverage, look for mailings from the specific insurance carrier(s) for the plans you chose.

# Key highlights

Although we encourage you to review this entire guide, this section highlights the key points and information you should know regarding the Baker Hughes retiree medical benefits program. Note: You will not be able to make retiree medical elections until your retirement date is in effect and has been sent across to the Benefits Center via a Workday file feed.

	Benefit plan	Description	Action
Retiree Medical	Medical	<b>&lt;65</b> If you or your eligible dependent(s) are under 65 years of age and you're currently covered in one of the eligible Baker Hughes active Medical plans, your choices are: <ul style="list-style-type: none"> <li>• UHC Basic Choice Plus plan</li> <li>• UHC Catastrophic Choice Plus plan</li> </ul>	Enroll within 31 days of your retirement date online through <a href="https://bakerhughes.ehr.com">https://bakerhughes.ehr.com</a> or via phone through the Baker Hughes Benefits Center.
		<b>65+</b> If you or your eligible dependent(s) are 65 years of age or older and you're currently covered in one of the eligible Baker Hughes active Medical plans, Via Benefits will help you find and enroll in individual medical coverage that will supplement Medicare.	Enroll through Via Benefits within 63 days of your retirement via phone or online. Active group coverage ends at retirement and individual coverage begins the first day of the month following your retirement date: <ul style="list-style-type: none"> <li>• <b>So there's no gap in coverage, you should try to make your retirement date at the end of the month.</b></li> <li>• <b>You should enroll before your retirement date.</b></li> </ul> If you're eligible for Medicare, you can enroll as early as 90 days prior to your retirement date. Remember, you must be enrolled in Medicare Part B before you can elect individual supplemental coverage.
	Prescription Drug	<b>&lt;65</b> CVS/caremark	Coverage is automatic if you enroll in a Baker Hughes Retiree Medical plan. No separate election is necessary.
		<b>65+</b> <ul style="list-style-type: none"> <li>• Medicare Part D prescription coverage</li> <li>• Prescription coverage that may be available through an individual plan (Medicare Part C)</li> </ul>	You will choose your prescription drug coverage when you enroll in individual coverage through Via Benefits.
COBRA	Dental	If you and your eligible dependent(s) are currently enrolled in a Baker Hughes active Dental or Vision plan, you can elect to continue coverage through COBRA. You will pay the full cost plus a 2% administration fee for up to 18 months after your retirement date. <b>If you or your eligible dependents are age 65 or older, you can choose COBRA coverage or choose individual Dental and Vision coverage through Via Benefits.</b>	Elect to continue coverage within 60 days of your retirement date. You are required to make your first premium payment within 45 days of your COBRA enrollment. Call the Baker Hughes Benefits Center to enroll. If you do not enroll within 60 days, you will not have coverage. If you choose not to continue your Health Care FSA under COBRA, you may only claim reimbursement of eligible FSA expenses incurred on or before your date of retirement.
	Vision		
	Health Care Flexible Spending Account (FSA)	If you are currently enrolled in the Health Care FSA, you may be eligible to continue participation through the end of the year in which you retire through COBRA coverage. Contributions will be made with after-tax dollars, plus a 2% administration fee. <b>Note:</b> Dependent Care FSAs cannot be continued through COBRA.	

# Key highlights

	Benefit plan	Description	Action
Conversion	<b>Life insurance</b> • Basic • Supplemental	You may convert your existing coverage to an individual policy. If you are under age 80, you may also choose to port your existing Basic or Supplemental Life insurance coverage.	Apply to convert or port your current group insurance coverage (if eligible) to individual policies within 31 days of your retirement date by contacting the insurance provider.
	<b>Accidental Death &amp; Dismemberment</b> • Basic • Voluntary		
	<b>Legal Plan</b>	Convert to an individual policy.	Convert your current coverage to an individual policy within 31 days of your retirement date by contacting the insurance provider.
	<b>Critical Illness</b>	Your coverage can continue after retirement at the same group rates as long as you continue to remit premium payments.	The request for portability form must be received by UnitedHealthcare within 31 days of your retirement date to port your current policy to an individual policy.
	<b>Accident Protection Plan</b>	Your coverage can continue after retirement at the same group rates as long as you continue to remit premium payments.	The request for portability form must be received by UnitedHealthcare within 31 days of your retirement date to port your current policy to an individual policy.
	<b>Hospital Indemnity Protection Plan</b>	Your coverage can continue after retirement at the same group rates as long as you continue to remit premium payments.	The request for portability form must be received by UnitedHealthcare within 31 days of your retirement date to port your current policy to an individual policy.
Coverage ends at retirement	<b>Business Travel Accident</b>	These plans are not eligible under COBRA and do not offer a conversion option. All coverage ends on the date of your retirement.	None
	<b>Dependent Care Flexible Spending Account (FSA)</b>		
	<b>Short-Term Disability</b>		
	<b>Long-Term Disability</b>		
Financial	<b>401(k) Plan</b>	You can take a lump sum or partial distributions from the Baker Hughes 401(k) Plan after you retire from the company.	Log into your account at <a href="https://www.bakerhughesbenefits.com">BakerHughesBenefits.com</a> or call the Baker Hughes Benefits Center for distribution information on these plans.
	<b>Pension Plan</b>	If you had a Baker Hughes Pension Plan account and are at least 55 years of age at termination of employment, you can take this benefit at any time.	
	<b>Employee Stock Purchase Plan (ESPP)</b>	Contact Fidelity Investment Services for all questions related to stock purchased in prior plan years.	Contact Fidelity Investment Services for all questions related to stock purchased in prior plan years.

## Are you a ‘split family?’

You’re considered a “split family” if one member is Medicare-eligible and the spouse and/or child is not. In a split family, each individual follows his or her respective rules for coverage (the Medicare-eligible individual may enroll in an individual plan through Via Benefits and the non-Medicare-eligible individual will continue in the Baker Hughes pre-65 Retiree Medical plan).

**Note:** The decisions made by the retiree will control the available options to the spouse and/or child. Please review the chart and retiree decision scenarios below.

If the retiree is...	Then this is how the spouse/child is affected:
<b>Medicare-eligible and enrolls through Via Benefits</b>	The non-Medicare-eligible dependents will continue with medical and prescription drug coverage through Baker Hughes. Once the dependent becomes Medicare-eligible and is over age 65, he or she will be eligible to enroll through Via Benefits.
<b>Medicare-eligible and does not enroll through Via Benefits</b>	The non-Medicare-eligible dependent will lose coverage through Baker Hughes. The remaining funding subsidy (if any) will be forfeited.
<b>Non-Medicare-eligible and continues coverage through Baker Hughes</b>	The Medicare-eligible dependent will be able to enroll in Via Benefits.
<b>Non-Medicare-eligible and drops coverage through Baker Hughes</b>	The Medicare-eligible dependent is eligible to enroll through Via Benefits. However, the remaining funding subsidy (if any) will be forfeited.

The retiree’s status will not be affected if the Medicare-eligible dependent does not enroll with Via Benefits or if the non-Medicare-eligible dependent drops Baker Hughes coverage.



# Overview of coverage

## Retiree eligibility

**Remember:** You must be covered under an eligible Baker Hughes active Medical plan at the time of retirement to be eligible for either the Baker Hughes Retiree Medical plans or coverage through Via Benefits. In addition:

Under age 65	Age 65+
<ul style="list-style-type: none"><li>You must be at least age 60 with at least 10 years of service on your retirement date to participate in the Baker Hughes Retiree Medical plan.</li><li>If you and your eligible dependent(s) are currently enrolled in a Baker Hughes active Dental or Vision plan, you can elect to continue coverage through COBRA. You will pay the full cost plus a 2% administration fee for up to 18 months after your retirement date.</li></ul>	<ul style="list-style-type: none"><li>You must be at least age 60 with at least 10 years of service on the date of your retirement to enroll in the Baker Hughes Retiree Medical Plan. You must be 65+ and/or Medicare eligible to enroll through Via Benefits.</li><li>If otherwise eligible, you can choose to continue your Dental and Vision coverage through Via Benefits, rather than through COBRA.</li></ul>

**If you retire but your spouse continues to work at Baker Hughes, you may:**

- Choose to enroll yourself in Retiree Medical coverage, while your spouse enrolls in *You Only* active employee coverage.
- Choose to enroll yourself as a dependent of your spouse under the active employee coverage. However, if you decline retiree coverage when you first become eligible, you will not be able to elect retiree coverage at a later date (for example, if your spouse leaves Baker Hughes) and you will forfeit your funding subsidy, if applicable.



# Overview of coverage (cont.)

## Dependent eligibility

If you are an eligible retiree as defined above, you may enroll eligible dependents if your dependents were covered under a Baker Hughes Medical plan at the time of your retirement. Eligible dependents include:

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	<ul style="list-style-type: none"><li>• Your dependent children up to age 26 regardless of whether they are married, full-time students, or eligible for other group health plan coverage</li><li>• 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)</li></ul>

### 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
- Any children for whom there is a Qualified Medical Child Support Order (QMCSO)

### Eligible dependents do not include:

- Those who are in full-time military service
- Parents, siblings, grandparents, nephews, nieces, etc.
- Domestic partners

### Check it out!

Intentionally covering ineligible dependents under the Baker Hughes Retiree Medical plans may be subject to termination of coverage. Immediately notify the Baker Hughes Benefits Center if your dependent becomes ineligible for coverage.



Note: You will not be able to make retiree medical elections until your retirement date is in effect and has been sent across to the Benefits Center via a Workday file feed.

Enrollment	Under age 65 through Baker Hughes	Age 65+ through Via Benefits
You must enroll within	31 days from the date of your retirement	63 days from the date of your retirement
Retirement coverage begins	First day of retirement; no break in coverage if you enroll within 31 days of retirement	Coverage starts the first day of the month after you enroll. <b>So there’s no gap in coverage and for Guaranteed Issue*, you should try to retire on the last day of the month so your individual coverage begins the next day.</b> Medicare allows you to enroll as early as 90 days prior to your retirement date.
Default coverage (if you don’t enroll)	No coverage (if enrollment is not completed within 31 days after retirement date)	Medicare Part A (no enrollment required); no access to Via Benefits advisors
	<b>Note:</b> If you do not enroll in coverage with Baker Hughes or Via Benefits within the specified timeframe and per the enrollment procedures, you and your dependents will not be eligible for coverage.	
How to enroll (and find information about your plan options)		
Online	<a href="https://bakerhughes.ehr.com">https://bakerhughes.ehr.com</a> Access is available 24 hours a day, Monday through Saturday and after 12 p.m. Central Time on Sundays.	<a href="https://my.viabenefits.com/bakerhughes">my.viabenefits.com/bakerhughes</a> Go to this site to set up an appointment with a benefit advisor. Access is available 24 hours a day.
By phone	1-866-244-3539 (within the U.S.) 1-847-883-0945 (worldwide) Health & Protection representatives are available Monday – Friday, 7:00 a.m. to 7:00 p.m. CST. 401(k) representatives are available Monday – Friday 7:00 a.m. to 9:00 p.m. and Saturdays 8:00 a.m. to 4:30 p.m. CST.	1-855-663-4227 Speak with a benefit advisor Monday through Friday from 7 a.m. to 8 p.m. Central Time.
Password requirements	You’ll need your user ID and password to enroll (the same user ID and password you established as an active employee).**	No user ID or password is required to speak to a Via Benefits benefit advisor.

\*During your transition from Baker Hughes medical coverage to coverage in the individual market, you do not have to worry about a pre-existing medical condition preventing you from enrolling in coverage. You are not subject to a review of your medical conditions by the insurance carrier. You are automatically guaranteed coverage or "Guaranteed Issue" subject to your payment of the applicable premiums.

\*\*If you can't remember your user ID or password and cannot answer the security questions online, call the Baker Hughes Benefits Center to speak with a representative. If you need assistance enrolling online, a representative can walk you through the process while you're logged in.

# Changing your elections

Just as with your active benefits, once you enroll in retiree medical coverage, you'll be able to make changes to your elections only during Annual Enrollment, which is typically held in October or November each year. You may also make changes if you have a qualified change in status such as: adoption of a child, marriage, or divorce, your spouse has a change in employment status, or you move to an area not covered by your Medical plan.

## Making changes

Under age 65	Age 65+
<ul style="list-style-type: none"><li>• Make election changes online through <a href="https://bakerhughes.ehr.com">https://bakerhughes.ehr.com</a> or by calling the Baker Hughes Benefits Center within 31 days of the status change event (for example, within 31 days of your marriage or divorce).</li><li>• Changes to your benefits must be consistent with the change in status.</li><li>• For information on qualifying status changes, contact the Baker Hughes Benefits Center.</li></ul>	<ul style="list-style-type: none"><li>• Make changes through Via Benefits for address changes, divorce, or death. You will need to notify Via Benefits as soon as possible.</li><li>• You may contact the Baker Hughes Benefits Center for death notifications. Death notifications must be confirmed by the Baker Hughes Benefits Center to ensure Via Benefits' systems are updated.</li></ul>

# Paying for your retiree medical coverage

You are responsible for paying the full cost of your retiree medical coverage.

Once your funding subsidy (if applicable) is depleted, you will be required to pay 100% of the premiums to continue your medical coverage.

**The funding subsidy is associated with the retiree. If the retiree drops coverage through Baker Hughes or Via Benefits, or dies, the funding subsidy is forfeited.**

# If you don't have a funding subsidy

You are responsible for 100% of the cost of your medical coverage.

Identification cards

Once you enroll in retiree medical coverage, you'll receive a new medical identification (ID) card in the mail, usually within two to three weeks. If you are under age 65, you should continue to use your CVS/caremark card for Prescription Drug coverage. For age 65+, you will receive a new prescription drug card from your selected carrier. If you don't receive your ID cards, please contact:

Under age 65	Age 65+
The Baker Hughes Benefits Center	The selected carrier

Help after you enroll

You should always make an attempt to solve health plan access or claims issues yourself. Most concerns are resolved after a phone call to your health care service provider, but situations could arise when you may need additional help to resolve a problem.

For confidential support with claims, etc.

Under age 65	Age 65+
For the Baker Hughes Retiree Medical plan, Prescription Drug coverage, or COBRA coverage for Dental, Vision, and/or the Health Care FSA, call the Baker Hughes Benefits Center. The representative will review the issue to determine next steps.	For individual supplement plans, or dental and vision plans: <ul style="list-style-type: none"><li>• Contact Via Benefits at 1-855-663-4227.</li><li>• If you enroll in a Dental, Vision, and/or the Health Care FSA under COBRA, contact the Baker Hughes Benefits Center.</li></ul>

## When coverage ends

Depending on whether you're covered under the Baker Hughes Retiree Medical plan or an individual plan that supplements Medicare through Via Benefits, here's when your coverage will end.

Under age 65	Age 65+
<ul style="list-style-type: none"><li>• If you drop coverage</li><li>• The day you stop paying premiums</li><li>• If you or your dependent(s) are no longer eligible</li></ul> <p><b>If you die while receiving coverage:</b></p> <ul style="list-style-type: none"><li>• The balance of your funding subsidy (if eligible) will be forfeited.</li><li>• If you have coverage other than <i>You Only</i> when you die, your eligible dependents may be eligible to elect to continue coverage through COBRA for up to 36 months. The Company will pay the first 3 months; afterwards your dependents will be required to pay the applicable COBRA premiums.</li><li>• COBRA coverage will end if COBRA coverage expires or your family member:<ul style="list-style-type: none"><li>– Notifies the Baker Hughes Benefits Center that he or she is now covered under another group health plan or Medicare;</li><li>– Is no longer eligible; or</li><li>– No longer makes the required payments.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• If you stop paying premiums to your carrier, coverage will end based on your carrier's rules.</li><li>• If you or your dependent(s) are no longer eligible</li></ul> <p><b>If you die while receiving coverage:</b></p> <ul style="list-style-type: none"><li>• Upon the death of the retiree, access to the funding subsidy will discontinue for eligible dependents. However, the eligible dependents' enrollment will continue and Via Benefits services will remain.</li></ul>

**Important!**

If you drop coverage at any time or do not pay the required premiums, you will not be allowed to re-enter the Baker Hughes Retiree Medical plan in the future.

**Note:** If your dependent's coverage terminates due to a change in status, your dependent may be eligible to continue coverage under COBRA at the full premium rate plus a 2% administration fee.

Baker Hughes reserves the right to amend, cancel, change the carrier for, or discontinue all or any part of the Baker Hughes Retiree Medical plan at any time.

## Change of address

After you retire, Baker Hughes will no longer forward any address changes to the benefits providers (except to Via Benefits) on your behalf. If your address changes, you will need to update your information directly with:

Under age 65	Age 65+
The Baker Hughes Benefits Center and Empower Retirement, if applicable	The Baker Hughes Benefits Center, Via Benefits, and your individual plan provider(s)

A United States Postal Service change of address card will not change the address you have on file with Baker Hughes, Via Benefits, or individual plan providers, as many administrators require the security of a user ID and/or password to do so.

# Pre-65 Retiree Medical Plans

If you and/or your dependent(s) are under 65 years of age, the choices for medical coverage are:

Retiree Medical plans	UHC provider network
<ul style="list-style-type: none"><li>• UHC Basic Choice Plus</li><li>• UHC Catastrophic Choice Plus</li></ul>	UHC Choice Plus Network
<ul style="list-style-type: none"><li>• UHC Basic Out-of-Area PPO*</li><li>• UHC Catastrophic Out-of-Area PPO*</li></ul>	UHC Options PPO Network

\*If your home zip/postal code is outside the UHC Choice Plus Network service area, you and/or your dependent(s) will be offered the Out-of-Area Retiree Medical options.

If you enroll in Retiree Medical coverage, you automatically receive prescription drug coverage. See the prescription drug section for details.

The Medical plans offered to retirees less than 65 years of age are similar to a PPO. The Choice Plus plan provides you with access to a network of physicians and providers. Each time you need medical care, you decide whether or not to use a provider within the network.

If you use a network provider, the amount you pay will be lower because UHC has negotiated lower fees with their network providers.

If you use a non-network provider, you may have to pay for care at the time of service and submit a claim form to UHC for reimbursement. When paying or reimbursing a non-network claim, the eligible expenses are determined by the claims administrator in accordance with its reimbursement policy guidelines.

If you are enrolled in an Out-of-Area plan, that means there are an insufficient number of UHC providers in your area. As a result, you can use any provider for your health care. If you use a provider who is not in the UHC network, you may have to pay for care at the time of service and submit a claim form to UHC for reimbursement. Eligible expenses are determined by the claims administrator in accordance with its reimbursement policy guidelines.

## The UHC Basic and Catastrophic Choice Plus plans differ by:

- The amount of the annual deductible;
- The amount of the out-of-pocket maximum; and
- The premium you pay to cover the cost of the plan.



## Plan features

When you obtain medical care, you and the plan share in the cost of covered services. This means that you'll pay a **deductible and coinsurance**, depending on the type of service you receive and if you use a provider in the Retiree Medical plan network.



### Coinsurance

Coinsurance is the percentage of the cost of a covered health care service you pay after you've met your deductible.

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### Deductible

A deductible is the amount you pay each year before the plan begins to share in the cost of covered services.

The **individual** deductible applies separately to you and each of your covered family members. When one person meets his or her individual deductible in a plan year, the plan begins to share in the cost of covered services for that person for the remainder of the plan year.

The **family** deductible can be satisfied by two or more covered family members, even if each covered family member does not satisfy the individual deductible amount. Once you reach your family deductible, the plan shares in the cost of covered services for all enrolled family members for the remainder of the plan year.

The deductible does not apply toward the out-of-pocket maximum.

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### Out-of-pocket maximum

The out-of-pocket maximum\* limits the total amount of network coinsurance you pay. Non-network expenses, deductibles, non-covered expenses, and amounts above eligible expenses do not apply to the out-of-pocket maximum. If you are enrolled in the UHC Basic Out-of-Area PPO or UHC Catastrophic Out-of-Area PPO options, your eligible in-network and non-network coinsurance applies.

The **individual** out-of-pocket maximum applies separately to you and each of your covered family members. When one person meets his or her individual annual out-of-pocket maximum in a plan year, the plan pays 100% of eligible in-network expenses for that individual for the remainder of the plan year.

The **family** out-of-pocket maximum can be satisfied by two or more covered family members, even if each does not satisfy the individual out-of-pocket maximum. Once you reach your family out-of-pocket maximum, the plan pays 100% of eligible in-network expenses for all enrolled family members for the remainder of the plan year.

The Schedule of Benefits in this guide lists your deductible, coinsurance, and out-of-pocket maximum amounts under each plan.

\*The deductible, out-of-network expenses, non-covered expenses, and amounts above eligible expenses do not apply to the out-of-pocket maximum. Your eligible in-network and out-of-network coinsurance do apply.

## Basic and Catastrophic Choice Plus plans schedule of benefits

The following table is only a summary of your benefits. Depending on where you live, you will be eligible for either Basic or Catastrophic coverage **OR** Out-of-Area coverage. Detailed information about your Retiree benefits, including an Out-of-Area schedule of benefits, can be found in the Retiree Summary Plan Description (SPD) located on [BakerHughesBenefits.com](http://BakerHughesBenefits.com). Check your enrollment worksheet to confirm the plan(s) for which you are eligible.

### UHC Basic Choice Plus

Plan feature	Network	Non-network*
<b>Deductible</b>	\$750 Individual/\$1,500 Family	
<b>Out-of-pocket maximum</b> (all maximums are combined, whether network, non-network, or out-of-area)	\$2,500 Individual/\$5,000 Family	
<b>Ambulance</b> True emergency	100%	100%
Non-emergency	80% after deductible	80% after deductible
<b>Durable Medical Equipment (DME)</b>	80% after deductible	60% after deductible
<b>Emergency room</b> True emergency	100% after \$100 copay	100% after \$100 copay
Non-emergency	100% after \$100 copay	100% after \$100 copay
<b>Hospice care</b> (pre-notification required for inpatient)	100%	60% after deductible
<b>Hospital care</b> Outpatient and inpatient services (pre-notification required for inpatient)	80% after deductible	60% after deductible
<b>Home health care</b> (pre-notification required; 90 visits per calendar year)	80% after deductible	60% after deductible
<b>Laboratory services</b> Office setting or outpatient facility	100%	60% after deductible
<b>Mental health</b> Outpatient professional fees and office setting	80% after deductible	60% after deductible
Inpatient (pre-notification required)	80% after deductible	
<b>Outpatient surgery</b> Office setting	80% after deductible	60% after deductible
Outpatient hospital	80% after deductible	60% after deductible

Plan feature	Network	Non-network*
<b>Physician office visit, Primary Care Physician and specialist visits</b>	80% after deductible	60% after deductible
<b>Physician services</b> <i>Outpatient and inpatient services</i>	80% after deductible	60% after deductible
<b>Preventive care</b> <i>Includes annual physical, well woman, well man and well child visits; colonoscopy</i>	100%	60% after deductible
<b>Skilled nursing/inpatient rehabilitation</b> <i>(pre-notification required; up to 60 days per calendar year)</i>	80% after deductible	60% after deductible
<b>Transgender benefits</b>	80% after deductible	60% after deductible
<b>Urgent care</b>	80% after deductible	60% after deductible
<b>X-ray services</b> <i>Office setting or outpatient facility (excludes major x-ray services)</i>	100%	60% after deductible
<i>Inpatient hospital</i>	80% after deductible	60% after deductible
<b>X-ray major services</b> <i>Office setting or outpatient facility (MRIs, scans, PET scans, nuclear scans, etc.)</i>	80% after deductible	60% after deductible
<i>Inpatient hospital</i>	80% after deductible	60% after deductible
<b>Maximum benefit</b> <i>(aggregate lifetime maximum for all benefits covered under the plan)</i>	Unlimited	

\*Eligible expenses are determined by the claims administrator in accordance with its reimbursement policy guidelines.

**Note:** The deductible, non-network services, copays, ineligible expenses, and amounts above eligible expenses do not apply to the out-of-pocket maximum.

## UHC Catastrophic Choice Plus

Plan feature	Network	Non-network*
<b>Deductible</b>	\$3,000 Individual/\$6,000 Family	
<b>Out-of-pocket maximum</b> (All maximums are combined, whether network, non-network, or out-of-area)	\$4,000 Individual/\$8,000 Family	
<b>Ambulance</b> True emergency	100%	100%
Non-emergency	80% after deductible	80% after deductible
<b>Durable Medical Equipment (DME)</b>	80% after deductible	60% after deductible
<b>Emergency room</b> True emergency	100% after \$100 copay	100% after \$100 copay
Non-emergency	100% after \$100 copay	100% after \$100 copay
<b>Hospice care</b> (pre-certification notification required)	100%	60% after deductible
<b>Hospital care</b> Outpatient and inpatient services (pre-notification required for inpatient)	80% after deductible	60% after deductible
<b>Home health care</b> (pre-notification required; 90 visits per calendar year)	80% after deductible	60% after deductible
<b>Laboratory services</b> Office setting or outpatient facility	100%	60% after deductible
<b>Mental health</b> Outpatient professional fees	80% after deductible	60% after deductible
Inpatient (pre-notification required)	80% after deductible	
<b>Outpatient surgery</b> Office setting	80% after deductible	60% after deductible
Outpatient hospital	80% after deductible	

Plan feature	Network	Non-network*
<b>Physician office visit, Primary Care Physician and specialist visits</b>	80% after deductible	60% after deductible
<b>Physician services</b> (outpatient and inpatient services)	80% after deductible	60% after deductible
<b>Preventive care</b> <i>Includes annual physical, well woman, well man and well child visits; colonoscopy</i>	100%	60% after deductible
<b>Skilled nursing/inpatient rehabilitation</b> (pre-notification required; up to 60 days per calendar year)	80% after deductible	60% after deductible
<b>Transgender benefits</b>	80% after deductible	60% after deductible
<b>Urgent care</b>	80% after deductible	60% after deductible
<b>X-ray services</b> <i>Office setting or outpatient facility (excludes major x-ray services)</i>	100%	60% after deductible
<i>Inpatient hospital</i>	80% after deductible	60% after deductible
<b>X-ray major services</b> <i>Office setting or outpatient facility (MRIs, scans, PET scans, nuclear scans, etc.)</i>	80% after deductible	60% after deductible
<i>Inpatient hospital</i>	80% after deductible	60% after deductible
<b>Maximum benefit</b> (aggregate lifetime maximum for all benefits covered under the plan)	Unlimited	

\*Eligible expenses are determined by the claims administrator in accordance with its reimbursement policy guidelines.

**Note:** The deductible, non-network services, copays, ineligible expenses, and amounts above eligible expenses do not apply to the out-of-pocket maximum.



# Prescription Drug plan

If you enroll in any of the UHC Retiree Medical plans, you'll automatically receive prescription drug coverage through CVS/caremark. This program allows you to receive prescription drugs by paying either a fixed copay or coinsurance amount. For all plans, costs are also based on whether you purchase your prescription drugs through the CVS/caremark network of retail pharmacies, or a non-network pharmacy.

## UHC Basic and UHC Catastrophic Choice Plus plans (including the PPO Out-of-Area plans)

If you enroll in the UHC Basic Choice Plus or Catastrophic Choice Plus plan, you will pay copays for generic medications. Formulary and non-formulary medications are subject to coinsurance with minimums and maximums. Coinsurance is a percentage of eligible covered expenses shared between you and the plan. The amount of network coinsurance you pay applies to the out-of-pocket maximum. After you have reached the network out-of-pocket maximum, the plan pays 100% of eligible expenses for the remainder of the plan year. The cost for each drug category is shown below.

Pre-65 coverage – CVS/caremark		
	Network pharmacy up to a 30-day supply	Home delivery up to a 90-day supply
<b>Generic</b>	\$15 copay	\$30 copay
<b>Formulary brand</b>	25% coinsurance (\$40 minimum/\$60 maximum)	25% coinsurance (\$100 minimum/\$150 maximum)
<b>Non-formulary brand*</b>	30% coinsurance (\$60 minimum/\$80 maximum)	30% coinsurance (\$150 minimum/\$200 maximum)
<b>Specialty Medications</b>	30% coinsurance (\$250 maximum) for 30-day supply	
<b>Out-of-pocket maximum**</b>	\$2,000 Individual/\$4,000 Family	

\*Non-formulary drugs do not apply toward the out-of-pocket maximum.

\*\*Coinsurance and copays apply.

If you use a non-network pharmacy, you will need to pay the full cost of the prescription up front and submit a claim form for reimbursement. You will be reimbursed up to the discounted retail network pharmacy price minus the applicable copay/coinsurance amount.

## Maintenance Choice(R) program

If your doctor prescribes a maintenance medication that you'll take for more than 90 days, you can use the convenient mail order service, or you can get your 90-day prescription filled at your local CVS retail pharmacy for the same price. (The Maintenance Choice(R) program is offered only at CVS pharmacies.)

Please ask your physician for two separate prescriptions. The first prescription will be for a 30-day supply with two refills that you can fill at a retail pharmacy. Your second prescription should be for a 90-day supply (with appropriate refills) that you may fill through mail order or at your local CVS retail pharmacy. If you need assistance in obtaining the 90-day prescription, CVS/caremark is happy to coordinate with your doctor.

To request a prescription via mail order or to learn more about pharmacy benefits, go to [caremark.com](https://www.caremark.com) or call 1-877-252-3485 to speak with a customer service representative.

# Post-65 Retiree Medical coverage

Your Via Benefits 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 Via Benefits will send to you. Your Via Benefits benefit advisor will also walk through your options with you over the phone.**

## Medical and prescription drug options

Your individual coverage through Via Benefits 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 in advance of your retirement date. Medicare allows you to enroll up to 90 days prior to retirement.**

## Vision and Dental plans

Your Baker Hughes 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 Via Benefits, if you are over 65 years old.

## Separate enrollment

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

- 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 Via Benefits will supplement these Medicare benefits. For more information about Medicare, go to [Medicare.gov](https://www.medicare.gov).

	What it provides	How you enroll and pay for coverage
<b>Medicare Part A</b>	Medicare Part A helps cover: <ul style="list-style-type: none"><li>• Inpatient hospital care</li><li>• Inpatient care in a skilled nursing facility (not custodial or long-term care)</li><li>• Inpatient care in a religious non-medical healthcare institution</li><li>• Hospice care services</li><li>• Home healthcare services</li></ul>	You are enrolled automatically when you become eligible, and monthly premiums are not usually required for coverage.
<b>Medicare Part B</b>	Medicare Part B helps cover medically necessary services such as: <ul style="list-style-type: none"><li>• Physician services</li><li>• Outpatient care</li><li>• Home health services</li><li>• Other medical services, such as some diagnostic and preventive services</li></ul>	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.)
<b>Medicare Part C</b>	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"><li>• They work like Preferred Provider Organizations (PPOs) or Health Maintenance Organizations (HMOs).</li><li>• They offer a network of providers that you are required to use to receive the highest level of benefits.</li><li>• These plans generally replace — and cover the same services as — Medicare Parts A and B.</li><li>• Plans often provide broader coverage, including prescription drug benefits (replacing Medicare Part D).</li></ul>	You may elect to enroll and may pay monthly premiums for coverage.
<b>Medicare Part D</b>	Medicare Part D offers prescription drug coverage through private insurance companies to anyone eligible for Medicare Parts A and B. Visit <a href="https://www.medicare.gov">Medicare.gov</a> for more information on how Medicare Part D works. Enhanced Medicare Part D Prescription Drug plans are also available. Via Benefits can help explain all of your prescription drug options. For more information about Medicare, go to <a href="https://www.medicare.gov">Medicare.gov</a> .	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 Via Benefits benefit advisor will provide details.

## Via Benefits phone calls

You will have at least two phone calls with Via Benefits:

### 1. First phone call (setting up enrollment phone call)

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

### 2. Second phone call (evaluation and enrollment phone call)

You will call Via Benefits 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 Via Benefits website at [my.viabenefits.com/bakerhughes](https://my.viabenefits.com/bakerhughes).

Here you can:

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

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## For your call with a Via Benefits benefit advisor

With Via Benefits, 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 funding subsidy, the subsidy will be managed by Via Benefits. This means you will need to submit claims for reimbursement directly to Via Benefits. The list below shows how the reimbursement process works.

1. **Select a medical/Rx plan:** You select a medical/Rx plan through Via Benefits. Baker Hughes transfers your subsidy (if any) to Via Benefits.
2. **Pay your premium:** You pay your premium directly to your insurance carrier.
3. **Submit your claim for payment:** You submit your claim for premium reimbursement to Via Benefits OR Via Benefits retrieves claim validation from the insurance carrier and processes your payment automatically (auto-reimbursement).
4. **You receive a refund:** Via Benefits reimburses you from your company funding, if applicable.

## 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 Baker Hughes Retiree Medical plan, you will set up a payment arrangement with the Baker Hughes Benefits Center, either via direct debit or a monthly mail payment.

### You must enroll through Via Benefits to receive your funding subsidy

If you do not enroll in individual supplemental health care coverage through Via Benefits, you will forfeit the your remaining funding subsidy balance (if any). You do not need a funding subsidy to be eligible to enroll in Via Benefits.



# COBRA eligible plans

If you were enrolled in Dental, Vision, or the Health Care Flexible Spending Account (FSA) before you retired, you may be eligible to continue your coverage through COBRA.

## Dental and Vision coverage

Dental and Vision coverage are not part of the retiree benefits package, however, if you were enrolled in Dental or Vision benefits before you retired, you'll be eligible to continue these benefits through COBRA for up to 18 months after you retire.

## Health Care & Dependent Care Flexible Spending Accounts (FSAs)

If you were participating in the Health Care FSA prior to retirement, you may be eligible to continue contributions through December 31 of that year through COBRA coverage. Contributions will be made on an after-tax basis and include a 2% administration fee. If you choose to continue your Health Care FSA, you will send your contributions directly to the Baker Hughes Benefits Center.

By continuing your Health Care FSA, you can be reimbursed for eligible expenses incurred through December 31 of the year in which you retire. If you do not continue your Health Care FSA, you may only claim reimbursement of eligible Health Care FSA expenses incurred on or before your retirement date. Claims must be filed no later than March 31 of the year following your retirement.

If you currently contribute to a Dependent Care FSA, your account will be terminated when you retire. However, you will be able to submit claims for expenses incurred on or before your retirement date. Claims must be filed no later than March 31 of the year following your retirement.

## Cost of COBRA

If you decide to continue your Dental or Vision benefits, or the Health Care FSA through COBRA, you'll be responsible for the full cost of the premiums plus a 2% administration fee. Premium costs and COBRA enrollment information will be included in the packet sent to you when you retire. Your funding subsidy balance, if eligible, cannot be used to pay COBRA premiums.

## COBRA enrollment deadline

You have 60 days from the date of your retirement to elect COBRA coverage for you and your dependents. Once enrolled, you have 45 days to make the first premium payment.

If you have questions about COBRA coverage, call the Baker Hughes Benefits Center between 7 a.m. and 7 p.m. Central Time.

## COBRA end date

COBRA coverage will generally end after 18 months. For the Health Care FSA, coverage only continues through the end of the year in which you retire. However, if you fail to pay your COBRA premiums on a timely basis, your COBRA coverage will terminate.

For additional details on COBRA, refer to the COBRA information provided by the Baker Hughes Benefits Center once you retire or contact the Baker Hughes Benefits Center by phone.

## Important note!

If you elect COBRA medical coverage instead of a Baker Hughes Retiree Medical plan, you will not be allowed to enroll in Retiree Medical coverage at the end of the COBRA coverage period, and you will also forfeit your funding subsidy balance (if any).

# Conversion

When you retire, your **Basic Life, Supplemental Life, Spouse Life, Dependent Life, Basic AD&D, and Voluntary AD&D** insurance benefits end. However, you have the option to convert these benefits into individual insurance policies of equal or lesser amounts within 31 days of your retirement date.

If you convert any of these plans, you will be responsible for the full cost of the premiums and will pay these directly to the appropriate administrator. The premium for the coverage you convert will be based on the type of policy available, your age, class of risk, and amount of the policy. To request conversion after you retire, designate a beneficiary, or for more information, contact:

- Prudential at **1-800-778-2255** for Basic, Supplemental, Spouse, and Dependent Life insurance
- CHUBB at **1-877-297-4225** for Basic AD&D and Voluntary AD&D insurance

If you are enrolled in the **Legal plan**, all coverage will end on your retirement date. If you are interested in continuing your coverage, contact Legal Access at **1-888-416-4313**. You have 31 days to convert your coverage to an individual policy.

If you are enrolled in **Critical Illness, Accident Protection Plan, or Hospital Indemnity Protection Plan**, you can continue your coverage after retirement at the same group rates as long as you continue to remit premium payments. If you are interested in continuing your coverage, contact UnitedHealthcare at **1-866-556-8298** within 31 days of your retirement date to port your current policy to an individual policy.

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# Portability

When you retire, your **Basic Life, Supplemental Life, Spouse Life, and Dependent Life insurance** benefits end. However, if you are under age 70, you have the option to port these benefits, instead of converting them, without providing Evidence of Insurability so long as your application is made within 31 days of your retirement date.

If you port any of these plans, you will be responsible for the full cost of the premiums and will pay these directly to Prudential.

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# Benefits that terminate at retirement

When you retire, your **Short-Term Disability, Long-Term Disability, and Business Travel Accident** insurance coverages will end. These plans are not eligible under COBRA and do not offer a conversion option.

# Financial benefits

## Baker Hughes 401(k) Plan (“the 401(k) Plan”)

You will be able to receive a lump sum or partial distribution of your vested 401(k) Plan benefit when you retire from Baker Hughes. **See the 401(k) Plan Summary Plan Description on [BakerHughesBenefits.com](https://www.bakerhughesbenefits.com) for distribution rules related to prior Pension Plan accounts.**

## Timing of distributions

If your vested account balance (including your rollover contributions and associated earnings, if any) exceeds \$5,000, you may postpone your distribution. If you postpone receiving 401(k) Plan benefits, you may continue to make investment transfers subject to the requirements of the 401(k) Plan. You may, at any time, take a full distribution of your account online through [BakerHughesBenefits.com](https://www.bakerhughesbenefits.com) or by calling the Baker Hughes Benefits Center.

If your vested account balance is \$5,000 or less and you do not take a lump sum distribution or directly roll over your benefit into an eligible retirement plan, your benefit will be directly rolled over to an IRA designated by the company (balances less than \$200 will be cashed out). This IRA is intended to preserve principal and provide a reasonable rate of return and liquidity. You may be charged certain fees by the IRA provider.

## Deadline for distributions

You must begin receiving minimum distributions, as defined by the IRS, from your account no later than April 1 of the calendar year after which you reach age 72 (if you were not age 70 1/2 on or before December 31, 2019) or age 70 1/2 (if you were age 70 1/2 on or before December 31, 2019), or, if later, the year in which you retire. You are not required to start this distribution while you are actively employed. Although the Company will try to contact you regarding this required distribution, the IRS considers it to be your responsibility to notify the Company when you turn your RMD age. If you do not begin receiving this mandatory distribution by the date required by law, you could be liable for a 50% excise tax on the portion of your account that was not distributed on a timely basis.

## Rollover distributions

Your benefit may be distributed partially/completely in the form of a direct rollover and partially/completely in the form of an indirect rollover (cash distribution) directly to you.

- Direct rollover. In a direct rollover, all funds due to you, except for after-tax contributions that are not eligible for rollover, are sent to an Eligible Retirement Plan. An Eligible Retirement Plan includes (1) an IRA, (2) a Roth IRA, (3) another qualified plan, (4) an individual retirement annuity, (5) an annuity plan described in Section 403(a) of the Code, (6) an eligible deferred compensation plan described in Section 457(b) of the Code, or (7) an annuity contract described in Section 403(b) of the Code.
- By electing this form of distribution, you avoid the mandatory 20% withholding requirement and the 10% additional penalty tax. Your payment will not be taxed until you take it out of the Eligible Retirement Plan, except for rollovers to Roth IRAs of amounts that were not Roth contributions or earnings thereon, which are taxed when a distribution is taken.
- You may defer paying tax on your distribution by electing a rollover distribution, for payments of \$200 or more, instead of a payment directly to you.
- Your after-tax contributions are also eligible for rollover, although not all Eligible Retirement Plans will accept these contributions. You should verify this with the receiving institution prior to submitting your rollover request.
- Indirect rollover. In an indirect rollover, all funds are first paid to you. Your Plan Administrator is required by law to withhold 20% of the taxable portion of your funds for income taxes. The 20% withheld can be credited to your taxes due when you file your income tax return. You may roll over the remaining 80% of the funds to an Eligible Retirement Plan within 60 days of the time you receive the distribution. You will not be taxed on the amount you rolled over until you take the money out of the Eligible Retirement Plan, except Roth IRAs, which are taxed when a distribution is taken.
- If you wish to roll over the full 100% of the taxable portion of your payment, you will have to make up 20% of the payment from another source. If you only roll over the 80% that you actually received, you will be taxed on the 20% that was withheld but not rolled over.

## Tax information

### Withholding and rollovers

Generally, the IRS requires 20% of the taxable amount of your distribution to be withheld unless your taxable amount is directly rolled over to another eligible retirement plan or an IRA. This 20% withholding can be credited to any Federal income tax that you may owe for the year of the distribution. To avoid the mandatory 20% withholding, you must request a direct rollover of the taxable portion of your distribution. This rollover must be made payable to your IRA or other eligible retirement plan. If you complete a direct rollover, the amount rolled over will not be currently taxable. You will, however, need to report that you completed a rollover on your income tax return.

### Penalty tax

The Internal Revenue Code imposes an additional 10% tax on certain distributions. In addition to normal Federal and state income taxes, if applicable, the taxable portion of your distribution will also be subject to the 10% tax unless you receive the distribution:

- After your employment with the company and all affiliates terminates if you have reached age 55;
- After age 59 1/2;
- Due to disability or death;
- To pay for federal income tax deductible medical expenses; or
- As a corrective distribution necessary to comply with IRS contribution limits.

The 10% penalty tax does not apply to distributions or withdrawals of your after-tax contributions, but may apply to investment gains on your after-tax contributions that are distributed or withdrawn.

In addition, the 10% tax does not apply to an alternate payee who receives a distribution as the result of a qualified domestic relations order.

## Additional information for non-U.S. citizens

If you are a non-U.S. citizen, please note that:

- If you do not have a valid U.S. Social Security Number (SSN), please call the Baker Hughes Benefits Center before you are ready to take a loan or distribution to understand the payment options.
- To claim a reduced U.S. income tax withholding rate or an exemption from withholding pursuant to an income tax treaty, you must have a U.S. Social Security Number (SSN) or a U.S. Individual Taxpayer Identification Number (ITIN). These numbers are different from the Global I.D. number assigned to you by the company.
- If you are not a U.S. tax resident at the time you receive your distribution payment from the 401(k) Plan, please note that a tax treaty between the United States and your country of tax residence may impact the rate of taxation applicable to such distribution. The company recommends you seek personal tax advice regarding taxes to be applied to your distribution from the 401(k) Plan.

## Importance of a current address

When you retire, it is important to contact the Baker Hughes Benefits Center and keep them informed of your current mailing address, email address, and phone number. Otherwise, you may not receive important information about your benefits.

## Baker Hughes Company Pension Plan (frozen as of 12/31/2017)

If you were a Pension Plan participant on December 31, 2017, you are 100% vested in your Pension Plan benefit.

You qualify for early retirement benefits if you are age 55 by your termination date. If you are vested and your termination date is before age 55, you cannot draw a benefit until you are at least 55 years of age. Your account will continue to earn interest credits until you begin receiving benefits. Normal retirement age for the Pension Plan is 65 years of age.

If the value of your vested benefit upon your termination date is \$1,000 or less, you will automatically receive your benefit in the form of a lump sum payment.

If the value of your vested benefit is less than or equal to \$5,000 but greater than \$1,000, and you do not take a distribution or directly roll over your benefit into an eligible retirement plan, your benefit will be directly rolled over to an IRA designated by the company. This IRA is intended to preserve principal and provide a reasonable rate of return and liquidity. You may be charged certain fees if you choose to transfer your assets out of this IRA or if your balance falls below \$1,000.

If the value of your vested benefit upon your termination date is greater than \$5,000, you may elect one of the following options once you are eligible to receive your benefit:

- Lump sum option
- Single life annuity option
- Joint and 50% survivor annuity option (available only if you are married)
- Joint and 75% survivor annuity option (available only if you are married)

## Deadline for distributions

You must begin receiving minimum distributions as defined by the IRS from your account no later than April 1 of the calendar year following the year in which you reach age 72 (if you were not age 70 1/2 on or before December 31, 2019) or age 70 1/2 (if you were age 70 1/2 on or before December 31, 2019). Although the company will try to contact you regarding this required distribution, the IRS considers it to be your responsibility to notify the company when you turn age 72 (if you were not age 70 1/2 on or before December 31, 2019) or age 70 1/2 (if you were age 70 1/2 on or before December 31, 2019). If you do not begin receiving this mandatory distribution by the date required by law, you could be liable for a 50% excise tax on the portion of your account that was not distributed on a timely basis.

For information on the Pension Plan, contact the Baker Hughes Benefits Center.

## Employee Stock Purchase Plan

If you have any questions concerning your current ESPP account, please contact Fidelity Investment Services at **1-800-544-9354** (within the U.S.). You can call worldwide by first dialing your AT&T country access code and, when prompted, enter **1-800-544-0275**. If you need to find your access code, you can do so on the web at [att.com/esupport/traveler.jsp](http://att.com/esupport/traveler.jsp). You can also call collect at 1-801-534-1910.

Representatives are available from 5 p.m. Sunday through midnight Friday Eastern Time. You will need your user name and password to place a trade online or your Social Security Number (SSN) and address or date of birth by phone.



# Benefit resources

Vendor		Plan	Phone number	Website
Baker Hughes Retiree Medical	Baker Hughes Benefits Center	Enrollment, Eligibility, and COBRA Administrator	1-866-244-3539 or 1-847-883-0945 (worldwide)	<a href="https://bakerhughes.ehr.com">https://bakerhughes.ehr.com</a>
	UnitedHealthcare <65	Basic Choice Plus Plan and Catastrophic Choice Plus Plan	1-866-743-6549 or 1-866-802-8572 (worldwide)	<a href="http://www.myuhc.com">www.myuhc.com</a>
	CVS/caremark	Prescription Drug Specialty Pharmacy	1-877-252-3485 1-800-237-2767	<a href="http://www.caremark.com">www.caremark.com</a>
	Via Benefits 65+	Supplemental Medicare Coverage	1-855-663-4227	<a href="http://my.viabenefits.com/bakerhughes">my.viabenefits.com/bakerhughes</a>
COBRA	Cigna Healthcare	Dental	1-800-542-4293	<a href="http://www.mycigna.com">www.mycigna.com</a>
	UnitedHealthcare	Health Care Flexible Spending Account	1-866-743-6549 or 1-866-802-8572 (worldwide)	<a href="http://www.myuhc.com">www.myuhc.com</a>
	VSP	Vision	1-800-877-7195 or 1-916-635-7373 (worldwide)	<a href="http://www.vsp.com">www.vsp.com</a>
Conversion/Direct Bill	Prudential	Life insurance <ul style="list-style-type: none"><li>Basic and Supplemental</li></ul>	1-866-244-3539 or 1-847-883-0945 (worldwide)	<a href="https://bakerhughes.ehr.com">https://bakerhughes.ehr.com</a>
	CHUBB	Accidental Death & Dismemberment <ul style="list-style-type: none"><li>Basic and Voluntary</li></ul>	1-877-297-4225 Ask for the Accident Department	<a href="https://bakerhughes.ehr.com">https://bakerhughes.ehr.com</a>
	Legal Access	Legal Plan	1-888-416-4313	<a href="http://bakerhughes.legalaccessplans.com">http://bakerhughes.legalaccessplans.com</a>
	UnitedHealthcare	Critical Illness, Accident Plan, and Hospital Indemnity Protection Plan	1-866-556-8298 (claims)	<a href="http://www.myuhc.com">www.myuhc.com</a>
Financial	Baker Hughes Benefits Center	401(k) Plan and Pension Plan	1-866-244-3539 or 1-847-883-0945 (worldwide)	<a href="http://BakerHughesBenefits.com">BakerHughesBenefits.com</a>
	Fidelity Investment Services	Employee Stock Purchase Plan (ESPP)	1-800-544-9354 (within the U.S.) AT&T access code + 1-800-544-0275 or collect at 1-801-534-1910 (worldwide)	<a href="http://www.netbenefits.fidelity.com">www.netbenefits.fidelity.com</a>

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.