

2026

Short Term Assignee Guide

Making the most of your

2026 Baker Hughes Benefits

Using this guide

The information provided in this Benefits Guide provides an overview of the benefits you receive while on a Short-term Assignment. **There is also a helpful resources page at the end of the guide for information about who to contact with questions or concerns.**

The following benefits may be in addition to benefits you receive within your home country.

Insurance ID cards: Once you are enrolled, you will receive an email from Cigna with your participant ID and instructions on how to register on the Cigna employee portal, Cigna Envoy. Once you have registered, you need to print ID cards, and can also find providers, view claims, and access a variety of resources that are available for our international employees

Eligibility: The benefits provided are for the employee only and do not apply to dependents.

Enrollment: No enrollment is necessary. You will automatically receive these benefits when you are placed within one of the eligible assignments. Your benefits will take effect on the date you are hired or transferred to an eligible assignment.

2026 rates: These benefits are provided to you at no cost; Baker Hughes pays the full cost of the benefits. The benefits will cease upon termination, when you are no longer on an eligible assignment, or if Baker Hughes terminates the plans.

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.



Medical

Our Cigna Worldwide Medical plan helps you manage your health, whether that means treating a specific problem or 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	US In-network	US 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
Telemedicine	100% not subject to deductible	80% not subject to deductible	60% after 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



Medical (continued)

Plan feature	International	US In-network	US 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, cryopreservation, storage, and thawing of sperm, eggs, embryos, and ovarian and testicular tissue.		
• 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 (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.		



Health

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 have two cards—your Cigna Global Medical ID card and a separate card for the local insurance carrier. Make sure you 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 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
- Print an 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



Understanding Deductibles, coinsurance, and out-of-pocket maximums

Understanding Medical plan terminology will help you get the most from your health care dollars.

Deductible

This is the amount you must pay each year before the plan begins to pay for services. The International Plan does not have a deductible. If you go in-network in the US plan you do not have to pay the deductible. You do pay the deductible if you are in the US plan and go out-of-network.

Coinsurance

Coinsurance describes the cost-sharing between you and the plan for eligible expenses. For example, after you've satisfied your annual deductible, you pay 40% coinsurance and the plan pays 60% coinsurance for in-network expenses, up to plan limits.

Out-of-pocket maximum

This is the most you'll pay out of your own pocket (coinsurance and deductibles) in a year. Once you reach the out-of-pocket maximum, the plan pays 100% of the eligible expenses for the rest of the year.

Explanation of how the out-of-pocket maximum works

Each covered person has an out-of-pocket maximum, which can be met without reaching the family limit. Once two or more individuals reach out-of-pocket maximum, the individual limits no longer apply. Note that the out-of-pocket maximum is higher if you use the US plan and go out-of-network.

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 coinsurance, pharmacy copays, and pharmacy coinsurance.

In this example, no family member has satisfied their individual out-of-pocket maximum. However, the family as a whole has satisfied the family out-of-pocket maximum of \$4,000. Therefore, the plan pays 100% of eligible expenses for the rest of the year.

Member(s)	Out-of-Pocket Maximum
Member 1 (Primary Member)	\$800 applied to the out-of-pocket maximum - This \$800 is applied to the family out-of-pocket maximum
Member 2 (Spouse)	\$1,000 applied to the out-of-pocket maximum - This \$1,000 is also applied to the family out-of-pocket maximum
Member 3 (Child)	\$1,400 applied to the out-of-pocket maximum - This \$1,400 is also applied to the family out-of-pocket maximum
Member 4 (Child)	\$800 applied to the out-of-pocket maximum - This \$800 is also applied to the family out-of-pocket maximum



Deductibles, coinsurance, and out-of-pocket maximums, continued

Explanation of how the deductible 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. Only if you go out-of-network under the US Plan will you have a deductible.

Deductible

When an individual family member satisfies the individual deductible of \$1,000, then they are covered at the plan coinsurance level.

In this deductible example, no family member has satisfied their individual deductible. However, the family as a whole has satisfied the family deductible of \$2,000. Therefore, everyone is covered at the plan coinsurance level.

Member(s)	Deductible Example
Member 1 (Primary Member)	• \$300 applied to the deductible • This \$300 is applied to the family deductible
Member 2 (Spouse)	• \$500 applied to the deductible • This \$500 is also applied to the family deductible
Member 3 (Child)	• \$400 applied to the deductible • This \$400 is also applied to the family deductible
Member 4 (Child)	• \$800 applied to the deductible • This \$800 is also applied to the family deductible



Telemedicine

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?

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

- Access services from any health care professional inside or outside the US – 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 US, we do not recommend seeking services from a US telemedicine vendor due to licensing regulations and treatment limitations.



Prescription Drug coverage

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 (US In-network)	Non-network pharmacy (US 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



Vision

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 US)	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	



International Employee Assistance Program (IEAP)

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.



Benefits issues? Contact Advocacy.

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

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.



International SOS (Intl.SOS)

Baker Hughes has contracted with Intl.SOS 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 Intl.SOS contract. Intl.SOS 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 (Intl.SOS) is the world's leading provider of medical assistance, security services, and outsourced customer care. The Intl.SOS network includes a multilingual staff that operates 24 hours a day, 365 days a year.

In the event of an emergency, contact the nearest Intl.SOS Alarm Center. If calling from Europe, the US, 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 Intl.SOS, 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

For additional information about your travel benefits, go to BakerHughesBenefits.com/intl/travel.



Protection

Life Insurance Benefits

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 provides basic protection at no cost to you while on assignment.

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	\$50,000
Age 70 or over	Coverage is reduced by 50% the first of the year following your 70th birthday



Protection

Business Travel Accident insurance

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	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

Health & Protection enrollment process overview

Take a second to review this section to make sure you understand how the enrollment process works.

You are **hired or transferred** to an IPR company.



Global Mobility **adds your information** in Workday and updates SAP.



Your information from Workday is **sent to the Benefits Center** the following Monday.



You are **auto-enrolled** in Employee Only Medical/Vision coverage and Basic Life Insurance.



Within 7-10 business days of Cigna receiving your information, your enrollment will be processed, and you will receive the *Cigna Welcome Email* with instructions to set up a Cigna Envoy account.



You now have access to **download digital ID cards** on Cigna Envoy.



Review the Cigna Envoy site for assistance finding a doctor. Go to BakerHughesBenefits.com/assignees for additional benefits information.

If you don't receive the notifications from Cigna as indicated in this chart, please contact the Baker Hughes Benefits Center.



Resources

Resources

Benefit plan	Provider	Phone number	Website/Email
Medical (includes Prescription Drug and Vision)	Cigna Global Health Benefits®	1-800-441-2668 (worldwide) 302-797-3100 (collect) 302-797-3150 (fax)	www.cignaenvoy.com Group ID: 05679A
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	Intl.SOS	44-20-8762-8008 (if calling from Europe, the US, Africa, or the Middle East) 65-6338-7800 (if calling from Asia, Australia, or the Pacific Rim)	www.internationalSOS.com Membership number: ICPA984
Life Insurance	Baker Hughes Benefits Center	1-847-883-0945 (worldwide) 1-866-244-3539 (within the US)	BakerHughesBenefits.com
Business Travel Accident (BTA) Insurance	Baker Hughes Benefits Center	1-847-883-0945 (worldwide) 1-866-244-3539 (within the US)	BakerHughesBenefits.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 Beneficios.

Tài liệu này có thông tin về Các Chương Trình Quyền Lợi về Y Tế & Phúc Lợi và Các Chương Trình Huu Trí của Baker Hughes Incorporated có hiệu lực vào ngày 1 Tháng Giêng, 2026. Nếu quý vị có bất cứ câu hỏi nào về thông tin trong tài liệu này 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.