

2026

US Assignees & Rotators Guide

Making the most of your

2026 Baker Hughes Benefits

Using this guide

Explore this interactive guide to understand your benefit plan options, the dependents you may cover, and the enrollment steps. You can read it front to back like a booklet or click a link for specific topics.

Newly hired or transferred?

You must enroll within 60 days or you will receive default coverage.

For more detailed plan information, please refer to the appropriate Health & Welfare and 401(K) Plan Summary Plan Descriptions on BakerHughesBenefits.com/assignee/us.

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 International 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, in-network preventive care that's covered at 100%, and the Flexible Spending Accounts.

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% of covered expenses (urgent care 80% of covered expenses)	80% of covered expenses	60% of covered expenses
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.		



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

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

Deductible	Coinsurance	Out-of-pocket maximum
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 pay the deductible. You do pay the deductible if you are in the US plan and go out-of-network.	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.	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.

Deductibles, coinsurance, and out-of-pocket maximums

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



Understanding Deductibles, coinsurance, and out-of-pocket maximums (continued)

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



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

Medical coverage in retirement

Baker Hughes currently offers Retiree Medical benefits to eligible Baker Hughes employees and their dependents who are not eligible for Medicare (generally under age 65). To be eligible for Retiree Medical coverage, you must be considered a retiree of Baker Hughes (60 years of age or older with at least 10 years of service on your date of retirement). You must also be covered under an eligible Baker Hughes Medical plan at the time of retirement.

While Baker Hughes intends to provide medical coverage for retirees now and in the future, Baker Hughes does not guarantee the continuation of this benefit.



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 International plan, you automatically receive Prescription Drug coverage through Cigna, both within and outside the US

Cigna Prescription Drug coverage (outside of the US)

Under this plan, you will pay 20% coinsurance up to the \$2,000 Individual or \$4,000 Family out-of-pocket maximum (combined with Medical). In addition, please note that you will pay the full price of the prescription drug at the time of purchase then submit a claim form for reimbursement.

Cigna Prescription Drug coverage (within the US)

While in the US, your prescription drug cost will vary depending on whether the prescribed medication is a generic, formulary brand, or a non-formulary brand drug. The cost for each drug category is shown on the next page.



Health

Prescription Drug costs

Prescription Drug coverage	Cigna International Prescription Plan (within the US) ²	Cigna International Prescription Plan (outside the US) ¹
Deductible	N/A	N/A
Retail – generic	\$7 copay	20% coinsurance after deductible (R&C applies) ¹
Retail – formulary brand	25% (\$30 minimum/\$60 maximum)	
Retail – non-formulary brand	30% (\$60 minimum/\$100 maximum)	
Specialty retail or Mail – generic	\$7 copay	20% coinsurance after deductible
Specialty retail or Mail – formulary brand	25% (\$30 minimum/\$60 maximum)	
Specialty retail or Mail – non-formulary brand	30% (\$60 minimum/\$100 maximum)	
Mail order or retail – generic	\$21 copay (\$150 maximum)	N/A
Mail order or retail – formulary brand	25% (\$150 maximum)	
Mail order or retail – non-formulary brand	30% (\$150 maximum)	
Out-of-pocket maximum	\$2,000 Individual \$4,000 Family Included in Medical out-of-pocket maximum.	\$2,000 Individual \$4,000 Family Included in Medical out-of-pocket maximum.
ID card	Same card as Medical	Same card as Medical

¹ Reasonable and Customary (R&C) charges are the standard costs for services in a geographic area.

² Home delivery is not available outside of the US.



Cigna Dental

There’s a clear medical connection between dental health and your overall health. Our Dental plan encourages preventive and diagnostic dental care and provides coverage for basic and major dental care as well as orthodontia services.

You can visit any licensed dentist you wish. However, if you use a dental provider who participates in the Cigna PPO network, you may pay less for care. There’s no penalty for using a non-network dentist, but Cigna won’t pay expenses that exceed the Reasonable and Customary (R&C) allowable amounts.*

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

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

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



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	



Flexible Spending Accounts (FSAs)

Nobody likes paying more in taxes than necessary. That's the idea behind FSAs. FSAs let you use pre-tax dollars to pay your share of eligible health care and dependent care expenses.

Remember these two important rules:

- Claims must be incurred during the plan year (January 1–December 31) and submitted to UnitedHealthcare (UHC) by March 31 of the following year to be eligible for reimbursement.
- Due to IRS regulations, any amount left in your account at the end of the year will be forfeited.

How they save you money

You figure out how much you want to set aside each year and your contributions are deducted from each paycheck before taxes. That means you don't pay federal income tax, Social Security tax, and, in most cases, state income tax on your contributions.

Check It Out!

The amount you elect to contribute to a Flexible Spending Account is deducted equally from each paycheck. If you enroll after January 1, the amount of your FSA contributions is divided by the number of benefits-eligible pay periods remaining in the year. If your goal amount is not equally divisible by the number of pay periods, your actual contributions may be slightly less or more than your goal amount. You will be reimbursed up to the elected goal amount.



Choose one or both Flexible Spending Accounts (FSAs)

Participation in the FSAs is completely voluntary. There are two FSAs available to you:

Health Care FSA		Dependent Care FSA	
Use your pre-tax contributions to reimburse yourself for eligible health care expenses you incur for you and your eligible dependents, such as your deductible, coinsurance, or other expenses not covered by a health care plan.		Use your pre-tax contributions to reimburse yourself for eligible dependent care expenses (not health care expenses) you incur, such as expenses for a qualifying daycare or nursery school, so that you and your spouse (if any) can work or attend school full time.	
- You do not need to be enrolled in a Baker Hughes health plan to participate in the Health Care FSA. But, if you are enrolled, you cannot be enrolled in a Health Savings Account at any point during the year. - You can be reimbursed for eligible expenses before the money is in your account, up to the total amount you elect to contribute for the year. - Medical and Prescription Drug claims are submitted automatically.		- Dependents can be your children under age 13, or a dependent who lives with you and is physically or mentally incapable of self-care, regardless of age. - The money must actually be in your account before you can be reimbursed. You do not need to be enrolled in a Baker Hughes health plan to participate in the Dependent Care FSA.	
Minimum contribution	\$60	Minimum contribution	\$300
Maximum contribution	\$3,200	Maximum contribution	\$5,000 for single taxpayers and for married taxpayers filing a joint return \$2,500 for married taxpayers filing separate returns



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, Dental, 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.



Health

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

Disability Benefits

Most people understand the need for life insurance, but if you're unable to work because of an illness or injury, the bills will keep coming even though your paycheck won't.

That's where Baker Hughes disability benefits can help.

There are two kinds of disability coverage: Salary Continuation and Long-Term Disability.

Salary Continuation

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

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

Note: If you return to your country while receiving Salary Continuation, your hardship and Goods and Services allowance is stopped.



Protection

Long-Term Disability (LTD)

Becoming permanently disabled or having an extended disability can have devastating financial implications. Few people can afford to stop working for an extended period of time.

The LTD plan provides you with the continuation of a portion of your benefits base pay after a period of 90 days (the maximum benefit period for Salary Continuation). Baker Hughes pays the full cost of this coverage:

LTD

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

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

What is benefits base pay?

Benefits base pay means your base annual earnings, including any before-tax contributions you make through the benefits program. This does not include any overtime pay or bonuses. For certain benefit rate calculations, your benefits base pay is determined either in September, your date of hire, or your transfer date, whichever is later. Some field employees may have a gross-up rate in place of base salary.



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.

Basic Life insurance*

Baker Hughes pays the full cost of this benefit, which is based on your benefits base pay:

Your age when you die	Benefit amount
Under age 70	2x benefits base pay, rounded to the next higher \$1,000 if not already a multiple thereof (minimum \$50,000; maximum \$3 million)
Age 70 or over	Coverage is reduced by 50% the first of the year following your 70th birthday

**Eligibility may vary based on company code. For an overview of coverage maximums, please contact the Baker Hughes Benefits Center at 1-866-244-3539.*



Protection

Supplemental Life Insurance

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

Coverage type	Coverage amount
Employee coverage*	Up to 8x benefits base pay rounded to the next higher \$1,000 if not already a multiple thereof (up to a maximum of \$2.5 million)
Spouse coverage Spouse coverage cannot exceed 100% of an employee's total life insurance coverage.	Choose from these benefit amounts: • \$25,000 • \$50,000 • \$75,000 • \$100,000 • \$150,000 • \$200,000 • \$250,000
Dependent child coverage You may elect child life coverage for your eligible dependents even if you are not enrolled in employee Supplemental Life.	\$10,000 per covered child If both you and your spouse are Baker Hughes employees, each of you and any of your dependents can be covered only once under the Supplemental Life insurance plan. Coverage can be through you or your spouse or a combination of the two of you, so long as no person is covered more than once, including your dependents.

**Coverage amounts may be reduced the first of the year following your 70th birthday.*

What is EOI?

To elect certain supplemental insurance coverage levels, you (and your spouse) may be required to provide proof of good health, also known as Evidence of Insurability (EOI). If you are required to complete EOI, you will be notified at the time of enrollment.



Protection

Accidental Death & Dismemberment

This plan pays a benefit in the event of the accidental death, dismemberment, or paralysis of you or a covered family member.

The benefit is paid in addition to any life insurance you have. Baker Hughes pays the full cost of Basic AD&D coverage, and you can purchase Voluntary AD&D coverage for yourself and your family.

Basic AD&D insurance*

The basic benefit is equal to 2x your benefits base pay rounded to the next higher \$1,000 if not already a multiple thereof (minimum \$50,000 up to \$3M maximum).

If you elect to cap your Basic Life insurance coverage at \$50,000 to avoid imputed income, your Basic Accidental Death & Dismemberment coverage will also be capped at \$50,000.

**Coverage amounts may be reduced the first of the year following your 70th birthday.*



Protection

Voluntary AD&D insurance

You pay the full cost of this coverage.*

Coverage type	Coverage amount
Employee coverage	Choose from these coverage amounts: • \$25,000 • \$150,000 • \$50,000 • \$200,000 • \$75,000 • \$250,000 • \$100,000 Amounts in excess of \$250,000 may not exceed 10x your benefits base pay.
Employee + Family coverage	Based on the coverage levels above, if you elect Family coverage, the spouse and children benefit will be: • Spouse only — 50% of employee coverage amount • Children only — 15% of employee coverage amount, up to \$20,000 per child • Spouse and children — 40% of employee coverage amount for your spouse and 10% of employee coverage amount for your children (up to \$20,000 per child)

Check it Out!

If both you and your spouse are Baker Hughes employees, each of you and any of your dependents can be covered only once under the Voluntary AD&D plan. Coverage can be through you or your spouse or a combination of the two of you.

**Coverage eligibility varies by company code. Please contact the Benefits Center at 1-866-244-3539 to confirm eligibility.*



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



Retirement

401(k) Plan

The Baker Hughes 401(k) Plan (“the 401(k) Plan”) offers the opportunity to build financial security and retirement income for you and your family through a combination of your own and company contributions.

This guide describes the Baker Hughes 401(k) Plan. The information presented is only a summary. The actual eligibility requirements, benefits, terms, conditions, limitations, and provisions that govern the plan are contained in the official plan document. If any of the plan’s provisions have been omitted or misstated, the official plan document must remain the final authority.

Accessing Your Account

To access your account, [log into your account](#) or call the Baker Hughes Benefits Center at 1-866-244-3539. Please refer to the [Summary Plan Description \(SPD\)](#) for additional details.

Watch the [401\(k\) overview](#), [target fund investment](#), and [Roth contributions](#) videos to quickly learn about the 401(k) plan features.

Eligibility

You are eligible to participate in the 401(k) Plan if you are:

- Employed by Baker Hughes or an affiliate that has adopted the 401(k) Plan;
- Covered by a collective bargaining agreement, your agreement must provide for participation;
- Paid on a Baker Hughes US dollar payroll;
- 18 years of age or older; and
- One of the following:
 1. A US citizen, legal permanent resident, or a non-US citizen whose employment is based in the United States on local terms and conditions;
 2. A Canadian citizen on an international assignment to the US and not eligible for the International Retirement Plan;
 3. A participant in the Plan since December 31, 1998; or
 4. A participant in the Plan since your transfer of employment from the Western Geophysical division of Western Atlas International, Inc. between January 1, 1999, and December 31, 2000 (but only if you were a participant in the Western Atlas International, Inc. Retirement/Profit Sharing Plan on December 31, 1998).



Retirement

401(k) Plan (continued)

Your contributions

You make contributions to the Baker Hughes 401(k) Plan through convenient payroll deductions.

You choose:

- How much to save, from 1% to 50% of total eligible pay, up to the IRS limits.
- If you want to save on a pre-tax, Roth or after-tax basis or a combination of all three.

Eligible pay includes all of your pay listed below that is paid up through the last payroll period in which termination occurs:

- Your regular base pay
- Overtime pay
- Shift differentials
- Commissions
- Eligible bonuses paid during the year

The Internal Revenue Service (IRS) limits the combination of your before-tax and Roth contributions to \$23,500 in 2025. The 2026 contribution rates will be provided once the IRS publishes them in the fall of 2025. This includes any before-tax and Roth contributions you made to another employer plan within the same year. You may change your contribution rate at any time. Visit [your 401\(k\) Plan account](#) for more information.

Employee catch-up contributions

If you are age 50 or over on January 1, 2025, or will be turning age 50 in 2025, you are eligible to make additional pre-tax and/or Roth contributions (unmatched) into your 401(k) Plan account up to a maximum of \$7,500 in 2025. The 2026 limits will be provided in the fall of 2026.

If you are age 60–63 on January 1, 2025, or will be turning age 60, 61, 62, or 63 in 2025, you are eligible to make additional pre-tax and/or Roth contributions (unmatched) into your 401(k) Plan account up to a maximum of \$11,250 in 2025. The 2026 limits will be provided in the fall of 2026.

Company contributions

The company helps you save for your future by making the following contributions:

- **Company base:** The company will automatically contribute an amount equal to 4% of your eligible pay to your account each pay period, whether or not you contribute.
- **Company matching:** For every dollar you save each pay period up to 5% of your eligible pay, the company will provide matching contributions of a dollar.



Retirement

Rolling over a 401(k) or an IRA

You can roll over your account from a previous employer's qualified plan or certain IRAs into the 401(k) Plan. For details, see the [Summary Plan Description \(SPD\)](#), visit [your 401\(k\) Plan account](#), or call the Baker Hughes Benefits Center at 1-866-244-3539.

Withdrawals/loans

While the purpose of the 401(k) Plan is to meet long-term financial and retirement goals, the 401(k) Plan does offer in-service withdrawal and loan features. For details, see the [Summary Plan Description \(SPD\)](#), [log into your account](#), or call the Baker Hughes Benefits Center at 1-866-244-3539.

Vesting

You are always fully vested in your own contributions, the company's matching contributions and the investment earnings on those contributions. Being "fully" vested means the money is yours to keep, even if you leave the company. You become 100% vested in the company base contributions and any related earnings when you:

- Complete three years of vesting service, or
- Retire from the company, or
- Reach age 65 while still an active employee of the company, or
- Become permanently disabled or die while an active employee of the company.

Automatic enrollment and auto escalation

If you don't enroll or if you decline enrollment, you'll automatically be enrolled in the plan at a before-tax rate of 3% with a 3% company matching contribution. Amounts contributed through automatic enrollment will be invested in the 401(k) Plan's default fund—the Target Date Fund based on your estimated retirement age.

Your contribution election will automatically increase annually by 1% until it reaches 10%. These auto escalation increases typically occur during the first quarter of each year.

Remember, you may change your contribution rate and investment elections at any time. Visit [your 401\(k\) Plan account](#) for more information.



Retirement

Investment options

Whether you're a savvy investor or want a simplified approach to making investment decisions, the 401(k) Plan has got you covered with two distinct types of investment funds. Whichever approach you choose will depend on your comfort level with making investment decisions and how much time you want to devote to managing your account.

Target Date Funds

- Target date funds are designed to simplify your investment decisions by providing an investment option with an asset allocation that is appropriate for your age.
- The year in the Baker Hughes Target Date Funds refers to the approximate year (the target year) when you would retire and leave the workforce.
- You choose the Target Date Fund with the date closest to the year of your target retirement date (for many people, this may be age 65).
- The asset allocation for the Target Date Funds gradually changes over time to more conservative (income) investments, such as bonds and cash, which provide more stability as you get closer to your retirement date and your investment horizon shortens.

VS.

Core Funds

- If you want more involvement in choosing and managing your investment mix, the 401(k) Plan offers six Core Funds from which you can choose to build your own portfolio.
- In choosing your own portfolio from the Core Funds, you should consider your retirement financial goals, risk tolerance and time horizon.

The Company intends for this plan to be compliant with section 404(c) of the Employee Retirement Income Security Act, and 29 CFR 2550.404c-1. Fiduciaries of the Plan may be relieved of liability for any losses which are the direct result of investment instructions given by participants or beneficiaries. Remember that you may change your investment election at any time. However, if you do not affirmatively communicate your Plan investment elections, you will be deemed to have affirmatively elected to invest your before-tax contribution, any related Company matching contributions, and any future Company base contributions into the default fund.

For resources and tools, including fund performance and fees, [log into your account](#).

Naming a beneficiary

When you become a participant, you will have the ability to name a beneficiary. A beneficiary is the person you choose to receive your 401(k) Plan benefit in the event of your death. To designate a beneficiary, [log into your account](#) or call the Baker Hughes Benefits Center at 1-866-244-3539.



Retirement

Employee Stock Purchase Program (ESPP)

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

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



Your Baker Hughes benefits: The big picture

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

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

Your benefits and compensation collectively form the Total Rewards you receive for working at Baker Hughes. Our Total Rewards package is not only competitive within our industry, it's designed to be comprehensive enough to meet the varying benefit needs of our employees.

If you have questions about eligibility for any of your benefits, contact the **Baker Hughes Benefits Center**

Total Rewards at Baker Hughes

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

Baker Hughes' role:	Your role:
• Provide quality benefits to protect you and your family and help you prepare for retirement. • Ensure our programs are competitive in the marketplace and within our industry. • Manage costs and plan designs to keep our programs sustainable over the long term. • Provide decision-making tools and other resources to help you choose and use your benefits wisely.	• Learn about and choose your benefit coverage carefully to meet your needs and your family's needs. • Be a smart health care consumer. Get involved in your health care — ask questions about treatment alternatives and provider quality and efficiency.

Newly hired or transferred?

Your personal Total Rewards data will be available about 60 days after you enroll.



Enrollment

Before you enroll

Take a second to review this section to make sure you enroll on time and get the coverage you need for you and your family.

Health & Protection enrollment process overview

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 receive a benefits enrollment email from the Benefits Center. You have **60 days to enroll** in benefits and add dependents.

Within 5 business days after you enroll through the Benefits Center, your enrollment information is sent to **Cigna**.



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 the Baker Hughes Benefits Center or Cigna as indicated in this chart, please contact the Baker Hughes Benefits Center.



Enrollment

Before you enroll (continued)

Health and Protection benefits

- If you plan to cover dependents, make sure they're eligible.
- You have 60 days from your date of hire or transfer to enroll, or else you will receive default coverage.
- Once you receive your first paycheck, you can enroll in your benefits.

If you need medical care before you enroll in your health benefits

Pay for the services yourself (you will be reimbursed for eligible expenses after you've enrolled) if you need medical care before you enroll.

Retirement benefits

Summary Plan Descriptions explain these plans in greater detail and are available online at BakerHughesBenefits.com/assignee/us.

401(k) Plan

If you are newly eligible to participate in the 401(k) Plan, you will be automatically enrolled in the 401(k) at a pre-tax contribution rate of 3% of your eligible pay with an automatic increase of 1% annually. You will be invested in a Target Date Fund based on your estimated retirement date. You will receive a mailed confirmation of your first enrollment election.

Employee Stock Purchase Program

Purchase company shares at a 15% discount without brokerage commissions or fees.

Explore this guide!

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



Enrolling dependents

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

Family member	Eligibility requirements
Your spouse	Your legal spouse of opposite or same gender, including common law in states recognizing common law marriage, or a legally separated spouse in states recognizing legal separation
Your children	- Your dependent children up to age 26 regardless of whether they are married, full-time students, or eligible for other group health plan coverage - Your unmarried dependent children up to any age who are supported by you because of mental or physical disability; the disability must have occurred during the period in which they were an eligible dependent (up to age 26)

- 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)
- Those who are in full-time military service
- Parents, siblings, grandparents, nephews, nieces, etc., under the Medical, Dental, or Vision plans. They may qualify under the Flexible Spending Accounts, but only if they meet the requirements. Refer to IRS publications 502 and 503 for additional information.
 - www.irs.gov/publications/p502
 - www.irs.gov/publications/p503

Helpful Tip

You'll need the Social Security Number (SSN) of any dependent you cover. If you have not received an SSN for a dependent by the time you enroll, be sure to update his or her information with the Baker Hughes Benefits Center once you receive it.

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

Check it out!

All Baker Hughes employees are required to comply with the dependent eligibility verification process for all dependents covered under the Baker Hughes Health & Protection benefit plans.



Enrollment

How to enroll

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

Online — BakerHughesBenefits.com/assignee/us

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

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

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

By phone — Baker Hughes Benefits Center

Call the Baker Hughes Benefits Center

1-847-883-0945 (worldwide)
1-866-244-3539 (within the US)

Health & Protection representatives are available Monday – Friday, 7:00 a.m. to 7:00 p.m. CST.

Make Changes?

If you wish to make changes, you may contact the Baker Hughes Benefits Center to speak directly with a Representative for enrollment assistance or you may enroll online at BakerHughesBenefits.com.



How to enroll (continued)

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

Online

401(k) Plan

From BakerHughesBenefits.com/assignee/us, click on *Enroll, Change, or Review Benefits*. And then select *401(k) Plan*.

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

- Select REGISTER. This is where you'll create your 401(k) user ID and password.
- Create a username and password after providing required 5 data points (shown below) and entering a verification code sent to you by text or email. These are the five required data points:
 1. Social Security Number
 2. ZIP / Postal Code
 3. Last Name (generally includes suffix: e.g., JR. SR., III)
 4. Date of Birth (MM/DD/YYYY)
 5. Numeric portion of street address or P.O. Box
- For your added security, the system requires multi-factor authentication. Depending upon your situation, additional verification steps may be required to authenticate your identity.

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

By phone — Baker Hughes Benefits Center

Call the Baker Hughes Benefits Center

1-847-883-0945 (worldwide)
1-866-244-3539 (within the US)

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.



Enrollment

After you enroll

Enrollment confirmation

If you make changes to your elections during Annual Enrollment, you'll receive a confirmation statement of your health and insurance elections at your Baker Hughes email address. For the 401(k) Plan, you can print a copy of your confirmation statement. If you find any errors with any of your benefit elections, contact the Baker Hughes Benefits Center immediately.

Insurance identification cards

If you are enrolling for the first time (or making changes during Annual Enrollment), you'll need to print an ID card. Your ID card shows the type of plan, your coverage, and other information to help your physician, pharmacist, or health care provider verify your eligibility or submit your claim.

After you enroll, go to www.cignaenvoy.com to print an ID card for your medical, dental, vision, and prescription drug benefits through Cigna International.

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

You do not need a separate ID card for the Vision plan or the Dental plan. In addition, you do not need a card for the Flexible Spending Accounts.

Dependent eligibility verification

All Baker Hughes employees are required to provide proof of dependent eligibility for any new dependents added to coverage under the Baker Hughes Health & Protection benefit plans.

If you add dependents to your coverage, you will receive notification and information on the required proof of eligibility. If you do not submit acceptable documentation by the deadline provided, those dependents will be removed from the plans for which they were enrolled and will not have coverage.

Additionally, if a dependent becomes ineligible, you must notify the Baker Hughes Benefits Center immediately. Intentionally covering ineligible persons under these plans may be subject to discipline, up to and including termination.



Enrollment

If you don't enroll

Baker Hughes provides some benefits automatically; others require you to enroll to have coverage. If you don't enroll by the deadline, your default coverage will depend on whether you're a newly hired or current employee (see below).

Benefit plan	Newly hired employees	Current employees who remain eligible but don't enroll during Annual Enrollment
Medical (includes Vision and Prescription Drug coverage)	<i>You Only</i> coverage*	Same coverage you currently have
Dental	No coverage	Same coverage you currently have
Flexible Spending Accounts (FSAs)	No participation	To continue participation in the Dependent Care FSA and the Health Care FSA, you must re-enroll during annual enrollment. If you do not re-enroll your coverage amount will default to \$0.
Salary Continuation	Automatic coverage	Automatic coverage
Long-Term Disability (LTD)	Automatic coverage	Same coverage you currently have

**You will need to pay for the default Medical, Vision, and Prescription Drug coverage.*

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



Enrollment

If you don't enroll (chart cont.)

Benefit plan	Newly hired employees	Current employees who remain eligible but don't enroll during Annual Enrollment
Life Insurance	Automatic coverage (<i>Basic only</i>)	Same coverage you currently have
Accidental Death & Dismemberment (AD&D) insurance	Automatic coverage (<i>Basic only</i>)	Same coverage you currently have
Business Travel Accident (BTA)	Automatic coverage	Automatic coverage
401(k) Plan	Automatic participation for employee before-tax contributions (3%), company match (3%), and company base contributions (4%) invested in a Target Date Fund based on your estimated retirement date. You will be enrolled in auto escalation, which automatically increases your contribution by 1% each year, to a maximum contribution of 10%.	Not applicable as 401(k) elections can be changed at any time

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



Enrollment

Making changes to your benefit elections

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

Benefit plan	When changes can be made
Health and Protection benefits	You can make changes during the Annual Enrollment period (typically held during October or November each year) for benefits effective January 1 of the following year. You can also make modifications if you have a change in family status, such as the birth or adoption of a child, marriage or divorce, or if you have a change in employment status that affects your benefits eligibility. In most cases, you will need to notify the Baker Hughes Benefits Center within 31 days of the date of the change. The effective date will be the same day as the status change (for example, your baby's birth date or your date of marriage). For more information, access BakerHughesBenefits.com/assignee/us or call the Baker Hughes Benefits Center.
401(k) Plan	You can make changes to your 401(k) Plan contribution amounts and investment elections at any time.

If you leave Baker Hughes

If your active benefits terminate, you and your dependents may be eligible for continuation of Medical, Prescription Drug, Dental, Vision, and Health Care Flexible Spending Account benefits under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).



2026 monthly premium rates

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical Monthly Premium Rates				
Cigna International Medical, Vision, and Prescription Drug	\$146	\$360	\$320	\$497
Dental Monthly Premium Rates				
Cigna International Dental	\$12	\$25	\$35	\$47

Baker Hughes pays the full cost of these benefits:

- Salary Continuation
- Core Long-Term Disability
- Basic Life insurance
- Basic AD&D insurance
- Business Travel Accident insurance
- 401(k) Plan company base contribution
- Long-Term Incentives



Enrollment

Deduction Authorization

As a Baker Hughes employee, I understand that I may be eligible for Health and Welfare benefit coverage. Certain benefits are provided and paid for by Baker Hughes. Other plans and coverage levels require an employee contribution. Upon election of any level of coverage which requires an employee contribution via payroll deduction, I hereby authorize Baker Hughes to deduct the applicable contribution from my paycheck as required. I realize that premium amounts may be adjusted by the benefit providers/administrators or Baker Hughes and that I will be notified in writing of such changes.

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

If during the course of employment with Baker Hughes I am approved for a Leave of Absence (LOA), I understand I will be required to pay my employee contributions for coverage in place prior to leave. Payment of these premiums for continuation of coverages will be deducted from my paycheck. If I am not receiving pay during the leave, the benefit deductions will go into arrears and will be deducted from my regular pay upon my return to work.

Upon termination of employment, it may be necessary for Baker Hughes to deduct the remainder of any employee contributions for the current month's coverages, in addition to any outstanding amounts.



Resources

Benefit plan	Provider	Phone number	Website
Enrollment, Eligibility, Summary Plan Descriptions, and Advocacy	Baker Hughes Benefits Center	1-866-244-3539 or 1-847-883-0945 (worldwide)	Baker Hughes Benefits Center
Medical (includes Prescription Drug, Dental, and Vision)	Cigna Global Health Benefits®	1-800-441-2668 (worldwide) 302-797-3100 (collect) 302-797-3150 (fax)	www.cignaenvoy.com 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
401(k) Plan	Baker Hughes Benefits Center	1-866-244-3539 or 1-847-883-0945 (worldwide)	BakerHughesBenefits.com/assignee/us
Flexible Spending Accounts (FSAs)	UnitedHealthcare (UHC)	1-866-743-6549 or 1-866-802-8572 (worldwide)	www.myuhc.com
Salary Continuation	mySupport		mysupport.bakerhughes.com/esc
Long-Term Disability (LTD)	mySupport		mysupport.bakerhughes.com/esc
Life and Accidental Death & Dismemberment (AD&D)	Baker Hughes Benefits Center	1-866-244-3539 or 1-847-883-0945 (worldwide)	BakerHughesBenefits.com/assignee/us
Employee Stock Purchase Program	Fidelity	1-800-544-9354 or 1-800-544-0275 (worldwide) Visit fidelity.com/globalcall for local toll-free numbers	www.netbenefits.com

Contact information

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

Este documento contiene la información 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 Hưu 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.