# Baker Hughes $\geqslant$

# Comparing Baker Hughes Medical Plans 2026

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



## Your Medical Plan Options

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

#### Standard Plan

Each covered person has an individual deductible and an out-of-pocket maximum, which can be met without reaching the Family limit. Once two or more individuals reach the Family deductible or out-of-pocket maximum, the individual limits no longer apply. Your prescription drug costs contribute towards the out-of-pocket maximum.

### Premium HSA and Basic HSA

The individual deductible limit applies only if you elect Employee Only coverage.

If you cover any dependents, the Family deductible limit applies, and everyone's eligible medical and prescription drug expenses apply toward the Family deductible. Each covered person has an individual out-of-pocket maximum, which can be met without reaching the Family out-of-pocket maximum. Once two or more individuals reach the family out-of-pocket maximum, the individual limits no longer apply.

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

Emergency Room	\$150 copay, plus deductible and coinsurance; copay waived if admitted		
/irtual Visits	\$0 copay after deductible is met (Teladoc, Amwell, and Doctors on Demand, or Optum Virtual Care (where available))		
hysician Office Iospital Stays Outpatient Services Irgent Care	Subject to deductible and coinsurance		
Coinsurance	20% in-network services; 80% of eligible expenses out-of-network		
reventive Care	Covered 100% in-network, no deductible		
Company HSA Contribution	N/A	Employee Only: \$500 Employee & Spouse: \$750 Employee & Child(ren): \$750 Employee & Family: \$1,000	N/A
ut-of-Pocket Maximum	Individual: \$4,000 Family: \$8,000	Individual: \$5,000 Family: \$10,000	Individual: \$6,500 Family: \$13,000
Deductible	Individual: \$800 Family: \$1,600	Individual: \$1,700 Family: \$3,400*	Individual: \$3,300 Family: \$6,600*
ype of Plan	Traditional PPO	High Deductible Health Plan	High Deductible Health Plan
	Standard Plan	Premium HSA	Basic HSA