This document describes the Baker Hughes Incorporated Health & Welfare Benefits Plans effective January 1, 2012. Please note that the information presented is only a summary. It replaces all previously published Health & Welfare Summary Plan Descriptions. 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 must remain the final authority. The legal documents also govern the administration of the plans and payment of benefits. In the case of any dispute, the information in the plan documents or contracts will prevail. To request a copy of the plan documents, write to:

Baker Hughes Incorporated
P.O. Box 4740
Houston, TX 77210-4740
Attn: Employee Benefits Department

(Please provide your name and mailing address.)

The information contained in this document is intended to meet the Federal disclosure requirements for Summary Plan Descriptions of employee benefit plans. Baker Hughes intends to continue the plans indefinitely. However, Baker Hughes reserves the right to amend, cancel, change the carrier, or discontinue all or any part of the plans at any time.

This Summary Plan Description does not guarantee employment for any specified term and is not to be construed as a contract limiting Baker Hughes’ right to terminate the employment relationship at any time.

Este documento contiene un resumen en inglés de los planes de beneficios de salud y bienestar de Baker Hughes. Si tuviera alguna dificultad para entender alguna parte de este documento, por favor comuníquese con el Benefits Center al 1-866-244-3539 en los Estados Unidos o 1-847-883-0945 (resto del mundo) entre 7 a.m. y 7 p.m. tiempo central, de lunes a viernes.

This document contains a summary in English of your Baker Hughes Health & Welfare Benefits Plans. If you have difficulty understanding any part of this document, contact the Benefits Center at 1-866-244-3539 or 1-847-883-0945 (worldwide) between 7 a.m. and 7 p.m. Central Time, Monday through Friday.
Baker Hughes is committed to its employees and their well being. As part of that commitment, we provide a competitive Total Rewards package, including a comprehensive Health & Welfare (H&W) benefits program to meet the varying benefit needs of our employees. Making sure the Total Rewards package works for you and your family is a shared responsibility.

The Baker Hughes Vision, Core Values and Keys to Success are the Basis for Establishing a Common Culture at Baker Hughes

Our Vision: To be the service company that best anticipates, understands and exceeds our customers’ expectations.

Our Core Values are:
- Integrity
- Performance
- Teamwork
- Learning

Our Keys to Success are four priorities that guide decision-making at Baker Hughes:
- People contributing at their full potential. Everyone can make a difference.
- Being cost efficient in everything we do
- Delivering unmatched value to our customers
- Employing our resources effectively

We apply these same principles in our approach to providing you with your Baker Hughes benefits program.
About Your Baker Hughes Summary Plan Description

This Health & Welfare (H&W) benefits document, called a Summary Plan Description (SPD), gives you information about benefits offered at Baker Hughes effective January 1, 2012. It describes important features of each benefit plan, services that are covered, and how your benefits are paid.

To help you find information quickly, this SPD is divided into six main sections:

• General Information — details about eligibility, enrollment procedures, and when coverage starts and ends for all the plans;

• myHealth — information about your Medical, Prescription Drug, Dental, and Vision Plans, as well as Flexible Spending Accounts, Health Savings Account, and the Employee Assistance Program;

• myLife — information on the various insurance plans available to protect you and your family from financial hardship due to illness, accident, or death;

• Benefits Rights — information about your rights under the law and continuation of coverage if you leave Baker Hughes;

• Important Plan Information — reference details, such as plan number, sponsor, and the administrator; and

• Glossary of Terms — definition of terms found throughout this SPD.

It’s important for you to understand your benefit choices and how these benefits can work for you. We’ve taken care to explain your H&W Plans as clearly as possible and have included definitions, examples, reminders, tips, and tools to highlight key information. Please keep this SPD for future reference.

Baker Hughes gives you the power to choose the coverage options that best suit the needs of you and your family by offering the following:

• Medical Plan
• Well Works
• Prescription Drug Plan
• Dental Plan
• Vision Plan
• Flexible Spending Accounts (FSAs)
• Health Savings Account (HSA)*
• Employee Assistance Program (EAP)
• Short-Term Disability (STD)

• Long-Term Disability (LTD)
• Basic Life Insurance
• Supplemental Life Insurance
• Basic Accidental Death & Dismemberment (AD&D) Insurance
• Voluntary Accidental Death & Dismemberment (AD&D) Insurance
• Business Travel Accident (BTA) Insurance
• Long-Term Care (LTC)
• LegalGUARD

*Only available if Personal Choice Plus or UHC Personal Out-of-Area PPO Medical Plan elected.
### General Information

In addition to the resources mentioned here, there are several other tools available. We’ve highlighted several of these tools throughout the SPD using an “Additional Resources” message, which looks like the box below. Each box will include information on how to access the tool along with some of the reasons you would want to access the tool. A customer service phone number is also shown if you do not have access to a computer.

<table>
<thead>
<tr>
<th>Contact the Benefits Center Regarding:</th>
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<tbody>
<tr>
<td>Eligibility for coverage</td>
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<tr>
<td>The cost of your H&amp;W benefits</td>
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<tr>
<td>Changes in status that may affect your benefits (such as enrolling a new dependent due to birth, marriage, or adoption)</td>
</tr>
<tr>
<td>Updating beneficiary information</td>
</tr>
<tr>
<td>Changes in work status (such as from full time to part time) that may affect your benefits</td>
</tr>
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</table>

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| The Annual Enrollment process            |
| Your confirmation statement(s)           |
| Obtaining help with a health care issue or claim |

<table>
<thead>
<tr>
<th>Contact Your Human Resources Department Regarding:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking a leave of absence</td>
</tr>
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<td>Filing a workers’ compensation claim</td>
</tr>
<tr>
<td>Transferring within Baker Hughes</td>
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| Leaving Baker Hughes                            |
| Changing your address or phone number(s) via Employee Self Service (ESS) |

<table>
<thead>
<tr>
<th>Contact the Administrator or Insurance Company Regarding:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID cards</td>
</tr>
<tr>
<td>Network providers, facilities, hospitals, and pharmacies</td>
</tr>
<tr>
<td>Questions or disputes about your Explanation of Benefits (EOB) or Health Statement</td>
</tr>
</tbody>
</table>

| The status of a claim or an appeal |
| Your covered benefits               |
| How to file a claim                 |

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In addition to the resources mentioned here, there are several other tools available. We’ve highlighted several of these tools throughout the SPD using an “Additional Resources” message, which looks like the box below. Each box will include information on how to access the tool along with some of the reasons you would want to access the tool. A customer service phone number is also shown if you do not have access to a computer.

### Additional Resources

**Via the Baker Hughes Intranet**

**Via Internet:** [www.myuhc.com](http://www.myuhc.com)

- Search for providers in the UnitedHealthcare network
- Order new ID cards or print a temporary ID card
- Make real-time inquiries into the status and history of your health claims
- Access health and well-being information

**Customer Service:** 1-866-743-6549
myRewards
http://bakerhughesdirect.com/myrewards

There are two ways to access your myRewards account online:

1. From your work computer, go to the Baker Hughes Intranet and access the HR home page. Go to the Total Rewards section and select the Benefits tab. Click on the U.S. Health & Welfare and Financial Benefits link.

2. From a personal computer, go to myRewards. You will need to have your User ID and Password.

Access is available 24 hours a day, Monday through Saturday, and after 12 p.m. Central Time on Sundays.

Benefits Center
1-866-244-3539 (within the U.S.)
1-847-883-0945 (worldwide)

With your User ID and Password, you can access your personal account information. Please say “representative” at any time to speak with a Benefits Center representative. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. Central Time.

Contacts

Below you’ll find the customer/member services telephone numbers and websites for the administrators and insurance companies that administer the Baker Hughes H&W benefits.

<table>
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<th>Benefit Plan</th>
<th>Provider</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Center</td>
<td></td>
<td>1-866-244-3539 or 1-847-883-0945 (worldwide)</td>
<td>myRewards <a href="http://bakerhughesdirect.com/myrewards">http://bakerhughesdirect.com/myrewards</a></td>
</tr>
<tr>
<td>Medical</td>
<td>UnitedHealthcare (UHC)</td>
<td>1-866-743-6549 or 1-866-802-8572 (worldwide)</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>Express Scripts</td>
<td>1-877-423-8979</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
<tr>
<td>(for Choice, Choice Plus or UHC Out-of-Area enrollees)</td>
<td>UHC Pharmacy/Medco</td>
<td>1-866-743-6549</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>CIGNA</td>
<td>1-800-542-4293</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
</tr>
<tr>
<td>(for Personal Choice Plus or UHC Personal Out-of-Area PPO enrollees)</td>
<td>Aetna</td>
<td>1-877-238-6200</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td>Vision</td>
<td>VSP</td>
<td>1-800-877-7195 or 1-916-635-7373 (worldwide)</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSAs)</td>
<td>UnitedHealthcare (UHC)</td>
<td>1-866-743-6549 or 1-866-802-8572 (worldwide)</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>OptumHealth Bank</td>
<td>1-866-743-6549 or 1-866-802-8572 (worldwide)</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td>Benefit Plan</td>
<td>Provider</td>
<td>Phone Number</td>
<td>Website</td>
</tr>
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<td>-----------------------------------------------------</td>
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<td>----------------------------------------------</td>
</tr>
<tr>
<td>Healthy Living Resources</td>
<td>Well Works</td>
<td>1-866-743-6549</td>
<td>myRewards <a href="http://bakerhughesdirect.com/myrewards">http://bakerhughesdirect.com/myrewards</a></td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>Magellan</td>
<td>1-800-424-5915 or 1-314-387-4700 (worldwide)</td>
<td><a href="http://www.magellanassist.com">www.magellanassist.com</a></td>
</tr>
<tr>
<td>Life and Accidental Death &amp; Dismemberment (AD&amp;D)</td>
<td>Benefits Center</td>
<td>1-866-244-3539 or 1-847-883-0945 (worldwide)</td>
<td>myRewards <a href="http://bakerhughesdirect.com/myrewards">http://bakerhughesdirect.com/myrewards</a></td>
</tr>
<tr>
<td>Short-Term Disability (STD)</td>
<td>Sedgwick</td>
<td>1-877-423-8677</td>
<td><a href="http://www.topsabsence.com/bakerhughes">www.topsabsence.com/bakerhughes</a></td>
</tr>
<tr>
<td>Long-Term Disability (LTD)</td>
<td>MetLife</td>
<td>1-877-423-8677</td>
<td><a href="http://www.topsabsence.com/bakerhughes">www.topsabsence.com/bakerhughes</a></td>
</tr>
<tr>
<td>Long-Term Care (LTC)</td>
<td>John Hancock</td>
<td>1-888-389-6300 or 1-617-572-0048 (worldwide)</td>
<td><a href="http://bakerhughesltc.jhancock.com">http://bakerhughesltc.jhancock.com</a> Username: bakerhughesltc Password: mybenefit</td>
</tr>
<tr>
<td>Legal Plan</td>
<td>LegalAccess Plans LLC</td>
<td>1-888-416-4313</td>
<td><a href="http://bakerhughes.legalaccessplans.com">http://bakerhughes.legalaccessplans.com</a></td>
</tr>
<tr>
<td>Thrift Plan and Pension Plan</td>
<td>Benefits Center</td>
<td>1-866-244-3539 or 1-847-883-0945 (worldwide)</td>
<td>myRewards <a href="http://bakerhughesdirect.com/myrewards">http://bakerhughesdirect.com/myrewards</a></td>
</tr>
<tr>
<td>Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)</td>
<td>Benefits Center</td>
<td>1-866-244-3539 or 1-847-883-0945 (worldwide)</td>
<td><a href="http://resources.hewitt.com/bakerhughes">http://resources.hewitt.com/bakerhughes</a> (for information only)</td>
</tr>
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**Am I Eligible?**

**Employee Eligibility**
If your payroll is U.S.-based and you’re either a regular full-time employee or a benefits-eligible part-time employee (regularly scheduled to work at least 20 hours per week), you’re eligible for coverage under the H&W benefits described in this SPD. Members are allowed to appeal a determination of an individual’s eligibility for coverage (see next page).

**Note:** You’ll be notified by Baker Hughes if you’re benefits-eligible when you’re hired or transferred to a position with U.S. benefits.

**Eligible Employees Do Not Include:**
- Temporary, contract, or seasonal employees;
- Employees hired outside of the United States and who work outside of the United States; and
- Employees who are members of a bargaining unit whose agreement does not provide for these benefits.

**Are My Dependents Eligible?**
If you’re an eligible employee as defined above, you may cover your eligible dependents under your Baker Hughes H&W Plans. Eligible dependents include:

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Eligibility Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Spouse</td>
<td>• Your spouse of opposite gender, including common-law in states recognizing common-law marriage, or a legally separated spouse in states recognizing legal separation.</td>
</tr>
</tbody>
</table>
| Your Child(ren) | • Your dependent children up to age 26 regardless of whether they are married, full-time students or eligible for other group health plan coverage, or  
• 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 under the Health & Welfare Plans (up to age 26). |

**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 child(ren) for whom there is a Qualified Medical Child Support Order (QMCSO)
Eligible Dependents Do Not Include:

• A spouse who is in full-time military service

• Parents, siblings, grandparents, nieces, nephews, etc., under the medical, dental, or vision plans.
  (Note: They may qualify under the flexible spending accounts, but only if they meet the requirements
described in the Flexible Spending Accounts section of this SPD.)

• Domestic partners

Special Note on Dependent Children

Please contact the Benefits Center at 1-866-244-3539 (toll-free in the U.S.) or 1-847-883-0945
(worldwide) if there are any changes to your dependents’ status. Your dependent will lose
eligibility on:

• His or her 26th birthday.

Note: Upon request, you will be required to comply with Baker Hughes’ Dependent Eligibility Verification process. As a result, you will be required to provide proof of dependent eligibility for any dependents covered under a Baker Hughes-provided benefit plan. Intentionally covering ineligible persons under the Baker Hughes Health & Welfare Benefit Plans may be subject to discipline, up to and including termination. You must immediately notify the Benefits Center if your dependent becomes ineligible.

If Eligibility for Benefits Coverage is Denied — How to Appeal

If eligibility for benefits coverage has been denied, you have the right to file an appeal under Section 503 of the Employee Retirement Income Security Act (ERISA), as described below:

• Request a Claim Initiation Form from the Benefits Center within 60 days after receipt of eligibility denial. You may contact the Benefits Center at 1-866-244-3539 (toll-free in the U.S.) or 1-847-883-0945 (worldwide);

• Complete the Claim Initiation Form, provide a description of the nature of the claim (e.g., calculation of service, eligibility for coverage) and a statement of the reason why you think you are entitled to such coverage or benefit;

• Return all pages of the form, including any documentation you feel supports your claim. Please do not submit any original documentation. Documents submitted for claim processing cannot be returned to you. Keep a copy of this form for your records; and

• Mail all pages of the original form along with any documentation to:
  Baker Hughes Incorporated
  Attn: Employee Benefits — Appeals
  P.O. Box 4740
  Houston, TX 77210

A decision on the review will be made by Baker Hughes under Section 503 of the Employee Retirement Income Security Act (ERISA), as described below.

• Baker Hughes will process your claim within 60 days after receiving the Claim Initiation Form, unless special circumstances require an extension of time;

• If Baker Hughes needs additional time to process your claim, you will receive a written notice of the need for a longer processing period, the reasons for the longer period, and a date on which you can expect your claim to be processed; and

• The decision on the review will be made in writing, include specific reasons for the decision and will reference the plan provision on which the decision is based.
If Both You and Your Spouse Work at Baker Hughes

In general, every eligible employee may enroll eligible dependents. However, if both you and your spouse are Baker Hughes employees, you may:

- Choose to enroll yourself as the employee and your spouse as your dependent (or vice versa), or
- Both choose to enroll in benefits as employees.

Eligible children may be enrolled as dependents of either you or your spouse, but not both.

Affordable Care Act Medical Coverage

In the case of a group health plan offered, if coverage is not funded by an insurer, Health Maintenance Organization (HMO) or Dental Maintenance Organization (DMO), an individual shall not be entitled to coverage under the plan if the individual (or a person seeking coverage on behalf of the individual) performs an act, practice or omission that constitutes fraud, or the individual makes an intentional misrepresentation of material fact, in connection with the enrollment of the individual in the plan.

How Do I Enroll?

New Hires

If you’re a new hire or an existing employee transferring to a position with U.S. benefits, you may enroll and choose H&W benefit coverage within 31 days of your date of hire or date of transfer. You can enroll online via myRewards or via phone through the Benefits Center by calling 1-866-244-3539 (toll-free in the U.S.) or 1-847-883-0945 (worldwide) after you have received your first paycheck. As this will be your first time enrolling, you’ll need to create a User ID and Password. The information you’ll need to register as a new user can be found in your new hire employee Benefits Guide. For assistance with the enrollment process, contact the Benefits Center.

If you do not enroll within 31 days, you’ll be provided the default coverage shown on the following page. (Default coverage may be different for employees transferring to U.S. benefits.) If you do not want default coverage, you must enroll and choose the coverage you do want or select the “No Coverage” option. You will only be able to change these elections during the Annual Enrollment period typically held in October or November of each year, or if you have a change in status such as the birth or adoption of a child. If you have a change in status, you will need to make your election within 31 days of the date the change occurred. Please see the Can I Make Changes After I Enroll information located in this section of the SPD for more details.
Special Note on Waiving Medical or Dental Coverage

Baker Hughes encourages all employees to take advantage of the medical and dental benefits offered, however, you have the choice to waive medical and/or dental coverage if you have coverage from another source (like your spouse’s employer).

If you elect "No Coverage" for either the Medical or Dental Plans, you have the option to choose to receive cash to contribute towards a Health Care Flexible Spending Account or as taxable income in your paycheck. The amount you’ll receive for “No Coverage” under a Medical Plan is $240. The amount you’ll receive for “No Coverage” under a Dental Plan is $60.

Tip! If you are planning to retire and meet the eligibility requirements, you will need to be enrolled in a Baker Hughes active Medical Plan at the time of your retirement to be offered retiree Medical benefits.
Annual Enrollment

Annual Enrollment occurs each year, typically during October or November. This is the time when you may review your current coverage and think about what you’ll need in the coming year.

There Are Two Ways to Enroll in the myHealth and myLife benefits. Both are described below:

<table>
<thead>
<tr>
<th>Online — Two Ways to Enroll</th>
<th>By Phone — Benefits Center Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From a work computer, go to the Baker Hughes Intranet and access the HR home page. Go to the Total Rewards section and select the Benefits tab. Click on the U.S. Health &amp; Welfare and Financial Benefits link.</td>
<td>Call the Benefits Center</td>
</tr>
<tr>
<td>2. From a personal computer, go to myRewards. You will need to create a User ID and Password to access the website. Access is available 24 hours a day, Monday through Saturday, and after 12 p.m. Central Time on Sundays.</td>
<td>1-866-244-3539 (within the U.S.) 1-847-883-0945 (worldwide)</td>
</tr>
<tr>
<td>Tip! Baker Hughes automatically provides myRewards with your Baker Hughes email address. If you forget your password, a password reset can be sent to your Baker Hughes email address within 15 minutes of your request unless you prefer to set up a personal email address as your preferred email.</td>
<td></td>
</tr>
<tr>
<td>If You Do Not Enroll</td>
<td></td>
</tr>
<tr>
<td>If you do not enroll during Annual Enrollment and you remain eligible to participate in the plans, you will receive the benefit options and coverage levels you had the previous year, including any obligation to contribute to a Flexible Spending Account. During Annual Enrollment, you’ll need to select $0 if you no longer wish to participate in a Flexible Spending Account. However, if you are enrolled in the Health Savings Account, your election will default to $0 and you will need to re-enroll.</td>
<td></td>
</tr>
</tbody>
</table>
Identification Cards

After you enroll, your Medical, Prescription Drug and/or Dental Plan administrator will send identification card(s) to your address on file at Baker Hughes. 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. If you don’t receive a card or you would like additional cards, contact:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Administrator</th>
<th>Website</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Plan</td>
<td>UnitedHealthcare</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>1-866-743-6549</td>
</tr>
<tr>
<td>Prescription Drug Plan</td>
<td>Express Scripts</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
<td>1-877-432-8979</td>
</tr>
<tr>
<td></td>
<td>UHC Pharmacy/Medco</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>1-866-743-6549</td>
</tr>
<tr>
<td>Dental Plan</td>
<td>CIGNA</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
<td>1-800-542-4293</td>
</tr>
<tr>
<td></td>
<td>Aetna</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
<td>1-877-238-6200</td>
</tr>
</tbody>
</table>

**Note:** You’ll only receive identification cards from the plan administrators listed in the table above. Generally, a new ID card will not be issued if there was not a change in the plan option or covered dependents during Annual Enrollment. If the plan is not listed above, then you will not receive an ID card. When you show your ID card to network providers, the network provider submits claims on your behalf and you are only responsible to pay the applicable deductible, copay, or coinsurance. For those plans that do not issue an ID card, you may need to provide a claim form prior to service to facilitate the claim process or complete a claim form for reimbursement after services are provided. Claim forms may be found on myRewards or may be obtained from each provider.

Can I Make Changes After I Enroll?

Normally, the choices you make during the Annual Enrollment period stay in effect for the entire plan year (January 1 through December 31). However, during the year you may change certain elections if you have a change in family or employment status (change in status). These are defined by the Internal Revenue Service (IRS) and include changes such as marriage, the birth or adoption of a child, or career-related changes such as moving from a part-time status that is not benefits-eligible to full-time status.

The benefit changes that are permitted must generally be made within **31 days** of the change in status or the coverage you had before the change will remain in effect for the full plan year (certain exceptions apply).
Approved IRS Changes in Status Include:

- If you marry;
- If you return from an unpaid leave of absence;
- If you divorce, your marriage is annulled, or you become legally separated (in states that recognize legal separation);
- If you gain or lose benefits eligibility due to a work situation change;
- If you have a birth, adoption, placement for adoption, or court-ordered guardianship;
- If COBRA coverage from another employer expires;
- If you die;
- If the employee or dependent gains or loses Medicare coverage;
- If your spouse or child dies;
- If a family member gains or loses benefits eligibility due to a work situation change;
- If the employee or dependent loses eligibility for, or becomes eligible for, assistance under Medicaid or a State child health plan*;
- If you relocate outside your current network area;
- If you take an unpaid leave of absence;
- If a child loses or gains eligibility under the H&W Plan; or
- If there is a qualifying change in coverage or cost of coverage.

*The approved changes must be made within 60 days of the date eligibility is lost, or within 60 days from the date the employee or dependent is determined to be eligible for assistance under Medicaid or a State child health plan.

How Do I Make Approved Changes After I Enroll?
The approved changes must be made within the timeframe specified above. To make the approved changes, access myRewards or contact the Benefits Center at 1-866-244-3539 (toll-free in the U.S.) or 1-847-883-0945 (worldwide), Monday through Friday, 7 a.m. to 7 p.m. Central Time.

Tip! In most cases, changes to your benefits must be consistent with the change in your status. For example, if you get married, you may add your spouse. If you want to know what changes you’re allowed to make, access myRewards at http://bakerhughesdirect.com/myrewards, or call the Benefits Center at 1-866-244-3539 (toll-free in the U.S.) or 1-847-883-0945 (worldwide).
When Does My Coverage Begin?

Newly Hired or Transfer Employee

If you’re a newly hired or an existing employee transferring to a position with U.S. benefits, you are eligible for benefits on your date of hire or date of transfer and you may enroll after you receive your first paycheck from Baker Hughes. For myLife benefits, you will need to be actively at work for coverage to take effect. You must complete the benefits enrollment process within 31 days from your date of hire or date of transfer (see the How Do I Enroll information in this section of the SPD). Any dependents that you enroll during that time are also covered immediately. If you do not actively enroll within 31 days of becoming eligible, you’ll automatically be enrolled in the default benefits listed in the Your Default Coverage section of the SPD.

**Definition:** Actively at Work means that you are working at your normal work location or on assignment for Baker Hughes and you are performing the material and substantial duties of your Baker Hughes occupation.

Rehired Employees

Benefits coverage for employees rehired within the same plan year in which their employment terminated will be reinstated at the same level of coverage the employee had prior to leaving, with the exception of the Dependent Day Care Flexible Spending Account and the Health Savings Account which default to $0. The employee does not need to enroll in benefits. However, if the employee is rehired more than 30 days after leaving the Company, the employee may change his or her Health Care or Dependent Day Care Flexible Spending Account elections. The new contribution election may not be less than what was previously contributed or less than what was previously reimbursed by the plan, whichever amount is greater. Health Savings Account deductions are not automatically reinstated at rehire. The employee must contact the Benefits Center to re-enroll or make any desired benefits changes within 31 days of the date of rehire.

Employees returning to Baker Hughes in a new plan year will be required to complete the benefits enrollment process.

Current Employee

If you’re an existing employee, any new coverage you elect during Annual Enrollment will generally take effect the following January 1. However, some coverage may require Evidence of Insurability; if this applies, the new coverage will begin either January 1 or once such evidence is received and approved by the administrator, whichever is later.

If you have a change in status, and make a timely benefit coverage change, your new coverage will take effect on the date of your status change. In other words, if the change is due to birth, adoption, placement for adoption, or marriage etc., the change will generally take effect retroactively to the date of the birth, adoption, placement, or marriage etc., as long as the change is made within 31 days of the event.

If you enroll eligible dependent(s) in the plan, their coverage will start on the later of the following dates:

- Date your coverage becomes effective;
- Date you enroll your dependent(s) for coverage; if enrollment is due to a status change, coverage will start as of the effective date of the status change (e.g. the date of birth); or
- If coverage requires Evidence of Insurability (EOI), coverage will be effective the date the EOI is approved or according to the plan rules (e.g. the first of the plan year if elected during Annual Enrollment).
When Does My Coverage End?

Coverage for you and/or your eligible dependent(s) will end on the day:

- You stop working for Baker Hughes
- You stop making contributions to the plan
- Baker Hughes changes or terminates the plan
- You're no longer eligible
- Your dependent(s) is no longer eligible
- Your dependent(s) is no longer eligible

Benefit coverage for your eligible dependent(s) ends either on the day that they no longer qualify as dependents, or on the day that your coverage ends for one of the reasons above, whichever comes first.

Note: If your group health plan coverage terminates, you may be eligible to continue your health coverage by electing coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA coverage continues the same health coverage you have as an employee, but you pay the full premiums plus a 2% administration fee. Refer to the COBRA section of this SPD for more information on COBRA coverage. If you are interested in continuing other coverage (i.e., Life Insurance, or Accidental Death & Dismemberment Insurance), refer to the applicable benefit section of this SPD for details on how to continue your coverage.

Rescission of Coverage

Once an individual is enrolled and covered under one of the following medical plans:

- Choice Plan
- Choice Plus Plan
- Personal Choice Plus Plan
- UHC Out-of-Area PPO Plan
- UHC Personal Out-of-Area PPO Plan

Your coverage under one of these medical plans may not be rescinded retroactively unless such individual was enrolled in the medical plan either:

- As a result of an act, practice or omission by the individual that constitutes fraud or another person, such as the employee or employee’s spouse, seeking coverage on behalf of the individual under the medical plan that constitutes fraud, or
- As a result of an intentional misrepresentation of a material fact made by such individual.

If any of the above circumstances occurs, then both the eligible employee and any affected eligible dependents will be given at least 30 days advance written notice of the rescission.

If You Retire

Baker Hughes offers Medical benefits to our retired employees. To be eligible, you must be considered a retiree of Baker Hughes on your date of retirement. You will need to be at least age 55, with at least 10 years of service, and enrolled in a Baker Hughes active Medical Plan on the date of retirement. If you’re an eligible retiree and would like more information, contact the Benefits Center at 1-866-244-3539 (toll-free in the U.S.) or 1-847-883-0945 (worldwide).

While Baker Hughes intends to provide medical coverage for retirees now and in the future, Baker Hughes reserves the right to amend, cancel, change the carrier for, or discontinue all or any part of the medical coverage provided to retirees at any time.
If You Become Disabled

If you become disabled, you and your dependents may continue to receive Baker Hughes H&W benefits as follows:

<table>
<thead>
<tr>
<th>Coverage Under Short-Term Disability, When Eligible*</th>
<th>Coverage Under Long-Term Disability, When Eligible*</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;myHealth&quot; benefits, including Medical, Prescription Drug, Dental, Vision, Flexible Spending Accounts, Health Savings Accounts, and EAP</td>
<td>All continue during STD period</td>
</tr>
<tr>
<td></td>
<td>Only certain Baker Hughes Medical Plan coverage may continue — see the Long-Term Disability section of this SPD for limitations and further information. You may elect to continue Dental, Vision, and in some cases your Health Care Flexible Spending Account through COBRA coverage at your own expense. Your Health Savings Account deductions will cease. (Contact UHC for more information regarding your Health Savings Account.) For information on COBRA coverage, refer to the COBRA section of this Summary Plan Description.</td>
</tr>
<tr>
<td>&quot;myLife&quot; benefits, including Basic and Supplemental Life Insurance, Basic and Voluntary Accidental Death &amp; Dismemberment Insurance, Long-Term Care Insurance, and LegalGUARD</td>
<td>All continue during STD period</td>
</tr>
<tr>
<td></td>
<td>Only Basic Life and Voluntary AD&amp;D will continue (if enrolled prior to disability). You may elect to convert your Basic AD&amp;D, Supplemental Life, or LegalGUARD coverage to an individual policy or continue your Long-Term Care coverage directly with John Hancock if you had coverage before your disability began. Refer to the applicable benefit section for more information.</td>
</tr>
</tbody>
</table>

*You’ll continue to share the premium costs of these benefits.

If You Die

If you die while you’re an active employee of Baker Hughes, your eligible dependents may elect to continue to be covered under a group health plan through COBRA and pay the applicable COBRA premiums. The first three months of COBRA coverage will be at the active employee rate. Refer to the COBRA section of this SPD for more information.

COBRA coverage will end if your eligible dependent(s):

- Notify the Benefits Center they have become covered under another group health plan or Medicare;
- Is/(are) no longer eligible;
- No longer make(s) the required contributions; or
- COBRA coverage expires.

When Coverage Ends for Any Other Reason

If coverage ends for any reason other than retirement, disability, or death (such as you leave Baker Hughes), coverage for you and your dependents will end on the earliest of the following dates:

- You stop working for Baker Hughes;
- You’re no longer benefits-eligible;
- You or your dependents are no longer eligible as described in the Dependent Eligibility section of this SPD; or
- The plan ends.

If your employment ends, you may be eligible to continue your health coverage by electing COBRA (see the COBRA section of this SPD for more information).
Leave of Absence

Family and Medical Leave

The Federal Family and Medical Leave Act of 1993 (FMLA) provides for continuation of coverage during an unpaid leave of absence, and reinstatement of coverage following a return to active status. The following is a brief summary of the FMLA provisions that apply under the Baker Hughes plans.

Paid Leave

Your H&W coverage will be continued during a paid personal or FMLA leave. You may use your paid leave time for FMLA leave for up to 12 weeks in the applicable 12-month period, if:

• Your leave qualifies as a leave of absence under FMLA, and
• You’re an eligible employee under the terms of that Act.

During a paid leave of absence, such as Short-Term Disability, your portion of the cost of your H&W coverage during the leave of absence will be deducted from your pay.

Unpaid Leave

Your H&W coverage, excluding the Dependent Day Care Flexible Spending Account and Health Savings Account (HSA), will be continued during an unpaid personal or FMLA leave. You may take an unpaid FMLA leave for up to 12 weeks in the applicable 12-month period, if:

• Your leave qualifies as a leave of absence under FMLA, and
• You’re an eligible employee under the terms of that Act.

During an unpaid leave, or the unpaid portion of leave, the Company will maintain any H&W benefits the employee had prior to taking the leave, excluding the Dependent Day Care Flexible Spending Account and Health Savings Account. In addition, the employee may discontinue certain other benefits while on unpaid leave by contacting the Benefits Center within 31 days of the leave.

If the employee is not receiving pay from Baker Hughes during the leave, the benefit deductions will go into arrears and will be deducted from the employee’s regular pay when he or she returns to work, according to the following schedule:

<table>
<thead>
<tr>
<th>Length of Unpaid Leave</th>
<th>Repayment Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 weeks</td>
<td>1 pay cycle</td>
</tr>
<tr>
<td>4-6 weeks</td>
<td>2 pay cycles</td>
</tr>
<tr>
<td>7-9 weeks</td>
<td>3 pay cycles</td>
</tr>
<tr>
<td>10-12 weeks</td>
<td>4 pay cycles</td>
</tr>
</tbody>
</table>
If you are enrolled in a Health Savings Account (HSA), deductions will cease. However, if you continue to be covered under the Personal Choice Plus or Personal Out-of-Area Medical Plan, you can continue to make contributions to your HSA by sending contributions directly to OptumHealth Bank. Contact OptumHealth Bank directly at 1-866-743-6549 for more information.

For information on the billing process or your coverage, please contact a Benefits Center representative at 1-866-244-3539 (toll-free in the U.S.) or 1-847-883-0945 (worldwide).

At the end of the initial 12-week unpaid FMLA leave period (if the leave continues), or when your employment otherwise terminates (whichever comes first), you and your covered dependents may be eligible for COBRA continuation coverage for Medical, Dental, and Vision coverage, and the Health Care Flexible Spending Account. Your cost is 100% of the gross premium plus a 2% administration fee.

**Changing or Revoking Coverage Due to Unpaid Leave**

You have the option to drop or change certain H&W coverage when you take an unpaid personal leave, an unpaid leave under the Family and Medical Leave Act of 1993, or a military leave by contacting the Benefits Center within 31 days of your leave. For more information on allowable changes, contact a Benefits Center representative at 1-866-244-3539 (toll-free in the U.S.) or 1-847-883-0945 (worldwide).

**Reinstatement of Canceled Coverage Following Unpaid Leave**

When you return to work after your unpaid personal or FMLA leave, you may reinstate the coverage you elected to stop, as well as the Dependent Day Care Flexible Spending Account and the HSA. You must contact the Benefits Center within 31 days of your return from unpaid FMLA leave to reinstate your coverage.

Upon request, Baker Hughes will give you detailed information about FMLA and its effect on your benefits.

**Military Leave Continuation and Your Rights Under USERRA**

Under the Uniformed Services Employment and Reemployment Rights Act (USERRA), you have the right to temporarily continue health coverage for yourself and your dependents at group rates if you’re called for military service. If you’re covered by a group health plan and are placed on a military leave:

- Up to and including 180 days, you automatically continue coverage at the same rates as active employees, or
- For longer than 180 days, you may elect military leave continuation coverage up to 24 months or the date your reinstatement rights expire, whichever occurs first. Your cost is 100% of the gross premium plus a 2% administration fee. You must apply for or return to employment within the period required under USERRA.

If your coverage under the plan terminates on account of the performance of duties in the uniformed services and you’re later reinstated as an employee, you’ll not be subject to any waiting period requirements or limitations which would otherwise apply to a new employee, provided that those requirements would not have been imposed on you (or your covered dependents) had coverage not ended due to military leave. This rule does not apply to illness or injuries incurred or aggravated while in uniformed service.