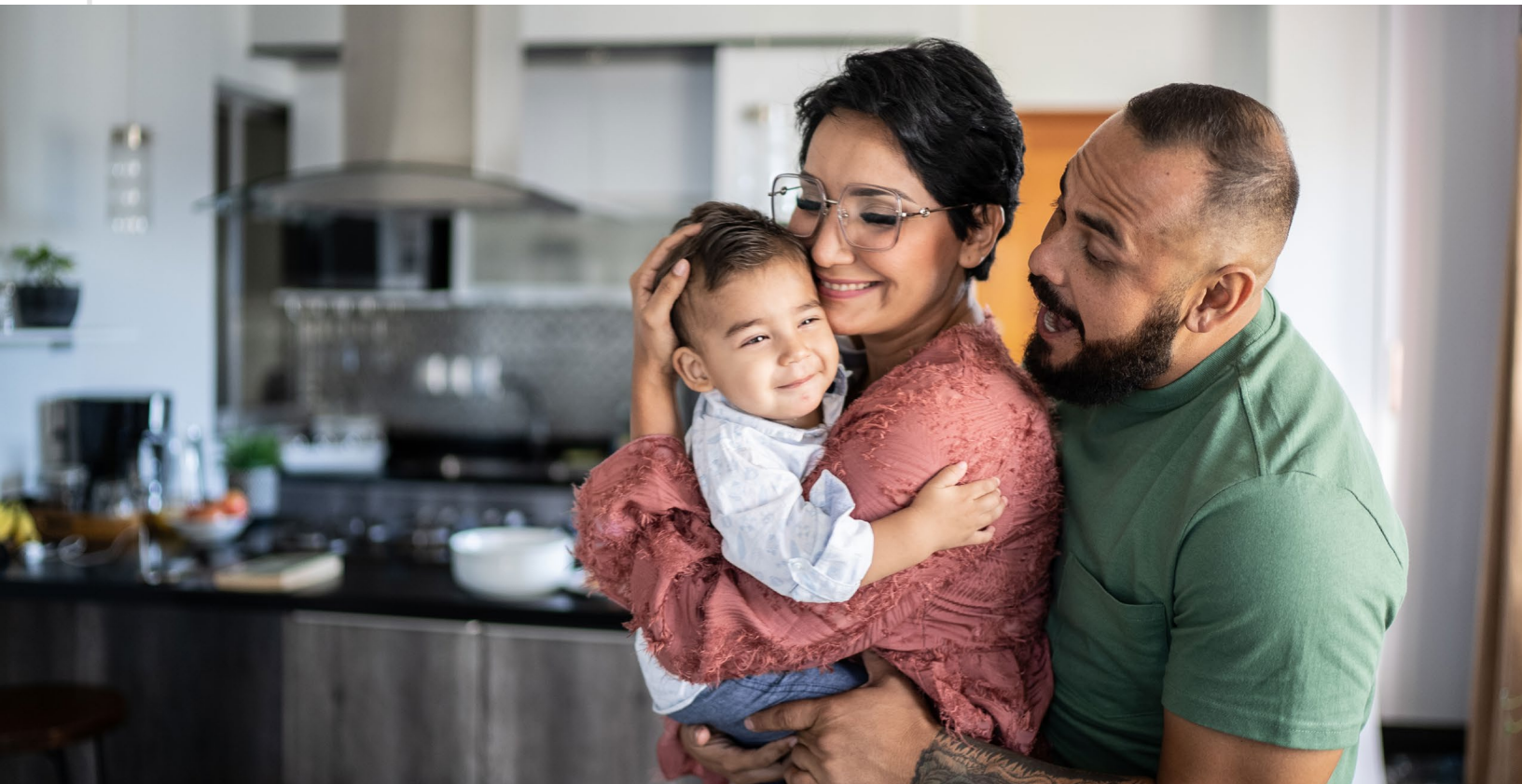
Energy for the world. Benefits for you.

Baker Hughes Benefits Program

The Fine Print

The information provided in this guide is effective January 1, 2026, and is for general information purposes only. It is not a contract, and it is not legal or other professional advice. If the information in this guide is different than what is in the official plan text, the plan text and any applicable legislation will govern in all cases.

Contents



Welcome to Benefits for You

Baker Hughes is proud to offer a benefits and retirement program designed to provide you and your family with flexible options for staying healthy, protecting your income and saving for retirement.

Providing you with choice is fundamental to the program's design—we want every employee to have access to plans that best fit their needs.

This guide focuses on the details of the benefits component. For more information about the retirement program, please refer to the retirement program booklet.

Questions?

If you have questions about the benefits program after reading this booklet, please contact the Baker Hughes Benefits Centre:

1-877-445-0145, Monday to Friday, 6:00 a.m. to 6:00 p.m. (MST)

bhbenefits@telushealth.com

Benefits program overview

The benefits program provides a number of medical and dental coverage options together with comprehensive insurance coverage so that you can make choices in pursuit of optimal health—whatever that means to you and your family.

Health program

- Medical coverage
  - Prescription drugs
  - Medical services and supplies
  - Vision and paramedical services
- Dental coverage
- Health Spending Account (HSA)
- Taxable Lifestyle Account
- Employee and Family Assistance Program (EFAP)
- Teladoc Medical Experts
- Consult+

Protection program

- Life insurance
- Accidental death and dismemberment (AD&D) insurance
- Disability insurance
- Critical illness insurance

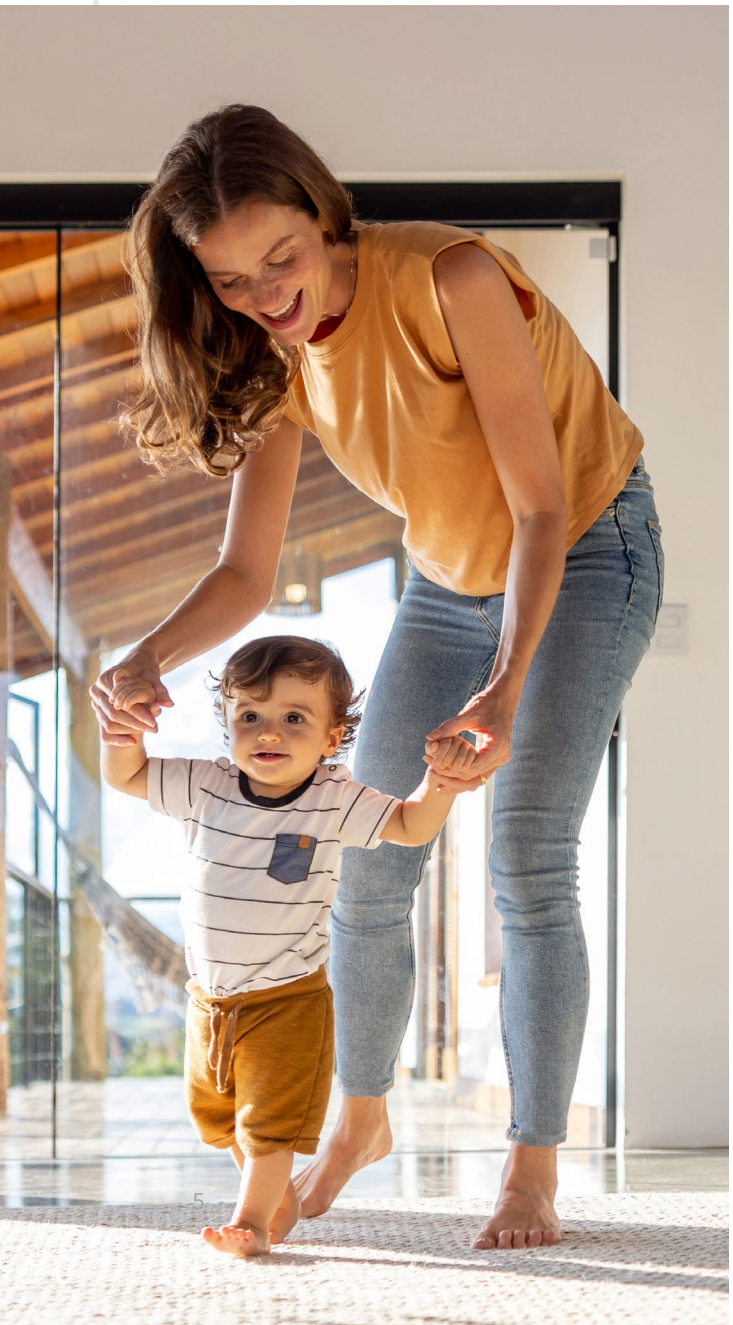
In this guide, you will find information on:

- Who is eligible for the benefits program
- How the benefits program works
- What is covered under each option for each benefit
- Key questions you should ask yourself to choose appropriate coverage
- A detailed checklist to help you prepare to enroll in the plan

Who is eligible for the Baker Hughes benefits program

If you are a full-time employee and qualify for provincial health care coverage, you are eligible to join the Baker Hughes benefits program on your date of hire.

If you're a part-time employee, you are eligible to participate in the Baker Hughes benefits program if you have a 20-hour scheduled work week.



Eligible dependents

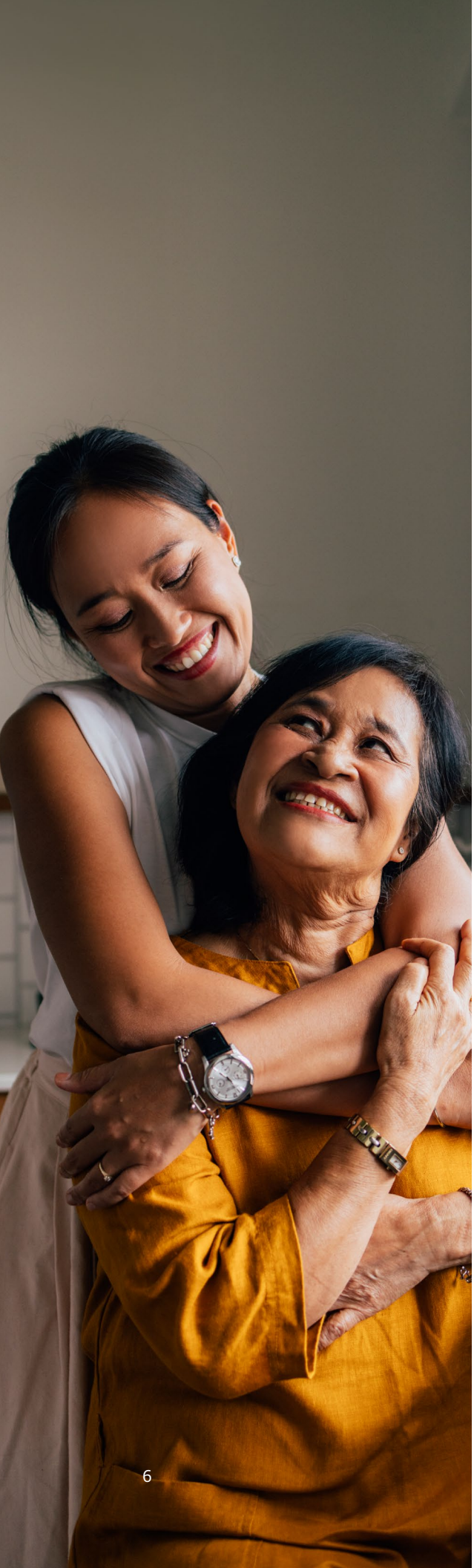
In addition to selecting benefits coverage for yourself, you can choose medical and dental benefits, and insurance coverage for your eligible dependents, including:

- Your spouse (as defined by provincial and federal legislation);
- Your unmarried, dependent children (i.e., natural, legally adopted, step or foster children, children of your spouse) up to age 21, or up to age 25 if a full-time student;
- Your physically or mentally disabled children of any age; and
- Your dependent grandchildren from your dependent children.

Note: 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 and/or children as your dependents for medical and dental purposes; you would each have your own employee life, LTD and AD&D; or
- Both can choose to enroll in benefits as employees, but cannot insure each other.

Eligible children may be enrolled as dependents of either spouse but not both.



How the Baker Hughes benefits program works

The Baker Hughes benefits program allows you to choose the benefits that meet your needs—not just for today, but also in the future. As your personal and/or family situation changes, your benefits needs will also likely change.

The benefits program year runs from January 1 to December 31. After initial enrollment, you have a chance to update your choices during annual enrollment each fall. The choices you make during annual enrollment will come into effect on January 1 of each year.

Making your benefits choices

You will use the online enrollment tool at https://mybakerhughescanada.com to choose your benefits each year during annual enrollment.

Your choices are in effect for the full program year, unless you have an eligible life event. These include:

- You get married or divorced
- You have a child (includes adopting or obtaining custody of a child)
- Your spouse or child(ren) dies
- Your spouse's benefits are terminated

You must make changes using the online enrollment tool within 31 days of the life event.

Automatic vs. flexible benefits

The Baker Hughes benefits program includes some benefits that are automatically provided to all employees, as well as flexible options that you can choose to fit your personal needs.

Automatic benefits (you receive these no matter what!)

- Provincial health care plan
- Basic life insurance
- Basic accidental death and dismemberment (AD&D) insurance
- Short-term disability
- Employee and Family Assistance Program (EFAP)
- Business travel insurance for out-of-province/country emergency medical coverage
- Teladoc Medical Experts
- Consult+

The company pays the full cost of your automatic benefits. You do not need to enroll for these benefits—you'll receive them no matter what.

Flexible benefits (you get to choose!)

Health program

- Medical coverage (includes prescription drugs, medical services and supplies, vision and paramedical services)
- Dental coverage (includes preventive services, minor and major services, and orthodontics under comprehensive coverage)
- Health Spending Account (HSA)
- Taxable Lifestyle Account

Protection program

- Optional employee and dependent life insurance
- Optional employee and dependent accidental death and dismemberment (AD&D) insurance
- Optional employee and dependent critical illness insurance
- Long-term disability (LTD) insurance

You are required to pay a portion of the cost of your flexible health and protection program choices, depending on the coverage levels you choose.

Note: LTD is fully employee-paid—you cannot use flex credits to pay for this benefit. More on flex credits on the following page.

Paying for coverage

When you first enroll and at each annual enrollment, the company may give you "flex credits."

You may receive flex credits for your Health Spending Account, but you can choose to move them to your taxable Lifestyle Account or Group RRSP, or use them to cover health and protection benefits costs.

If you choose basic medical and dental coverage or opt out, you will release more flex credits. You will also release additional flex credits if you choose a lower level of employee life insurance (1x salary) and/or lower level of AD&D insurance (1x salary).

You can use these flex credits to:

- Offset the cost of comprehensive medical and dental coverage
- Pay for optional life insurance, AD&D and critical illness insurance
- Deposit to your Health Spending Account (HSA)
- Deposit to your taxable Lifestyle Account
- Deposit to your group registered retirement savings plan (Group RRSP)

If your coverage costs more than the flex credits available, you will pay the excess through equal payroll deductions throughout the year. You will also pay the cost of LTD through payroll deductions—you cannot use flex credits to pay for this benefit.

Default coverage

You become eligible for the flexible Baker Hughes benefits program coverage on your first day of employment. For the first 30 days of your employment, you are covered under the new hire plan:

- Medical—basic plan (single coverage)
- Dental—basic plan (single coverage)
- Long-term disability (LTD) insurance—60% plan (employee-paid)
- Life insurance—2x salary for you, no coverage for your spouse or child(ren)
- Accidental death and dismemberment (AD&D) insurance—2x salary for you, no coverage for your spouse or children
- Critical illness insurance—no coverage
- Automatic benefits (see following page)
- You will not receive any flex credits

- Within your first 30 days of employment, you must go online and complete the enrollment process, at which time your new benefit choices will become effective
- If you do not enroll within 30 days of your date of hire, you will receive the default coverage above

You won't be able to change coverage until the next annual enrollment period, unless you experience a life event.

Benefits program coverage

Health program

For most of us, maintaining good health is one of our highest priorities.

That's why the company provides supplemental health coverage through the benefits program to help you and your family stay well—both physically and mentally. This includes coverage for eligible medical and dental related expenses based on the options you choose, as well as access to resources like our Employee and Family Assistance Program (EFAP) and Teladoc Medical Experts.

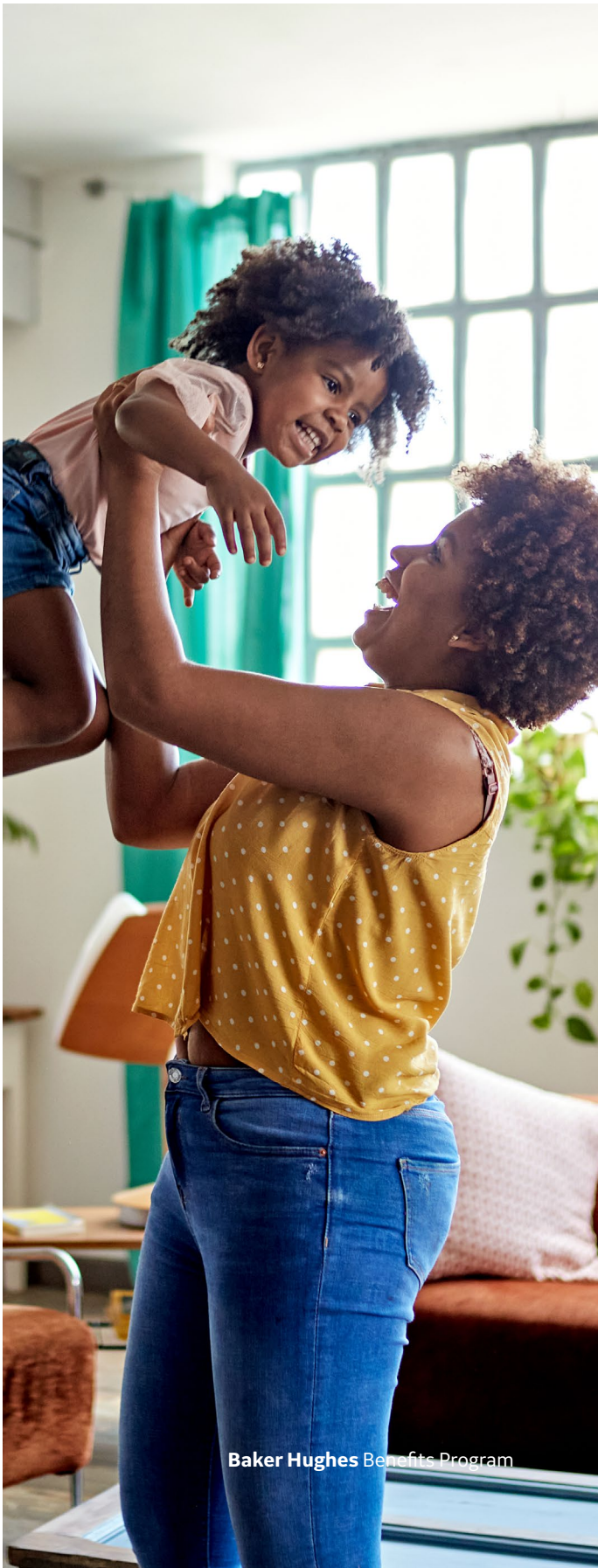
Note: Baker Hughes also covers the cost of provincial health care premiums in required provinces.

Coverage categories

You choose one of the following coverage categories for medical and dental coverage:

- Single (you only)
- Couple (you + one dependent, such as a spouse or a child)
- Family (you + two or more dependents)

You can choose different categories for medical and dental coverage—e.g., single coverage for health and family coverage for dental.



Health program coverage options

You can choose one of three coverage levels for medical and dental coverage:

- Comprehensive plan
- Basic plan
- Opt-out

Health program coverage overview	Basic	Comprehensive
	Maximum: $1M per person/per year	
Coinsurance	70% for most benefits (see details below)	100% for most benefits (see details below)
Annual out-of-pocket maximum	None	$1,000
Deductible per drug	None	None
Dispensing fee cap	$9	$9
Generic drug substitution	Mandatory	Mandatory

What the terms mean...

- **Coinsurance:** The company shares the cost of the benefits program with employees. Coinsurance describes the percentage of the claim that is covered by the program. For example, if you choose comprehensive health care coverage, prescription drugs are covered at 90%. If a drug costs $10, the Baker Hughes health program covers $9 and you pay the remaining $1.
- **Out-of-pocket maximum:** An “out-of-pocket maximum” sets a limit to how much an employee would need to pay for medications per benefit year. For example, with basic coverage, there is no out-of-pocket maximum. With comprehensive coverage, this limit is $1,000.
- **Generic drug substitutions:** Generic drugs are developed after the patent expires on the equivalent brand name drug. All generic drugs must have the same active ingredients, dosage and delivery as the equivalent brand name drug. The program will cover the cost up to that of the generic substitution, should one be available.
- **Dispensing fee:** Pharmacists receive a dispensing fee for filling a prescription. Different pharmacies charge a different fee. To keep plan costs in check, there is a limit to the dispensing fee covered under the plan. You can save by shopping around and filling prescriptions in pharmacies with lower dispensing fees.

Medical coverage

Medical coverage	Basic	Comprehensive
Prescription drugs	70%	90%
Hospital	70% — Semi-private	100% — Semi-private
Hearing aids	70% — $1,000 / 3 years	100% — $3,000 / 3 years
Private duty nursing	70% — $15,000 / year	100% — $25,000 / year
Medical services and supplies	70%	100%
Ambulance services	70%	100%
Psychologist / social worker	70% — $5,000 / year	100% — $10,000 / year
Paramedical practitioners*	70% — $750 / year combined	100% — $1,000 / year combined
Eye exams	70% — one exam / two calendar years	100% — one exam / two calendar years
Vision	70% — $200 / two calendar years	100% — $400 / two calendar years
Out-of-country emergency	100% — 180 days, $1M / lifetime	100% — 180 days, $1M / lifetime
Fertility treatments	70% — $25,000 / lifetime	100% — $25,000 / lifetime
Gender reassignment procedures	70% — $40,000 / lifetime	100% — $40,000 / lifetime

* Includes services for a licensed chiropractor, osteopath, podiatrist, acupuncturist, naturopath, speech therapist, dietician, massage therapist, audiologist and physiotherapist

Virtual health care through Consult+

All employees covered under the health program have access to Consult+, a virtual health care service offered through Canada Life. Consult+ gives you and your family members access to health care services 24/7, anywhere in Canada.

You can use Consult+ to:

- Talk to health care professionals
- Get prescriptions or refills
- Get referrals for lab work
- Find mental health and well-being specialists

You can also receive care for non-urgent conditions, such as:

- Sore throat, sinusitis, rhinitis
- Eye stye, pink eye
- Allergies, colds and flu
- Minor skin infections and rashes

You can access Consult+ through https://my.canadalife.com.

Medical expenses: What's covered?

Prescription drugs

- Generic drugs (where available) and medicines bearing a drug identification number (DIN)
- Up to 60-day supply for each prescription; some maintenance drugs up to 100-day supply
- Smoking cessation products with applicable coinsurance for you and your dependents up to $500/lifetime

Private duty nursing

- Services provided in your home by a registered nurse, registered/certified nursing assistant or licensed practical nurse

The nurse cannot be a relative or someone who ordinarily lives in your home

Diagnostic services

- Private MRI and CAT scans once every five years with a doctor's referral

Psychologist and social worker

- Services provided by a registered clinical psychologist or social worker for individual, group or family treatment

Annual maximum is combined for services by a psychologist and social worker

Medical services and supplies

- Oxygen, including equipment for administration
- Rental or purchase of a wheelchair, hospital bed, crutches or other durable equipment required for therapeutic use in the home (purchase of a wheelchair or hospital bed is limited to once every three years)
- APAP/CPAP machines are covered up to $3,000 every 5 years
- Purchase or repair of braces, cervical collars, spinal and abdominal medical supports, traction appliances, varco traction kits, belts, and similar appliances (medical braces are reimbursed once every 24 months)
- Splints, casts, catheters and diabetic supplies
- Orthotics prescribed by a doctor, every 24 months
- Purchase or replacement of artificial limbs or eyes and other prosthetic appliances and surgical dressings

For a list of other covered supplies and services, contact Canada Life at 1-800-957-9777.

Vision care

- Glasses, contacts, prescription sunglasses and laser eye surgery, plus one eye exam every 24 months

Dependents between the ages of 0 – 19 are eligible for one eye exam every 12 months, if not covered by provincial plans

Out-of-province/country emergency medical for leisure travel

- Emergencies* that occur while you are travelling on vacation, including:
  - Diagnosis and treatment by a physician, surgeon or specialist
  - Hospital services and supplies
  - Accommodation up to the standard rate
- Both basic and comprehensive plans cover 100% of expenses
- Expenses are subject to the maximum of $1,000,000, whether it is leisure or business travel
- Even if you choose to opt out of the health program, you are always covered for emergency medical services when travelling on business, but you will need to purchase private insurance for vacation

* Emergencies are only covered for reasonable and customary charges in excess of provincial health care.

Medical expenses: What's covered? (cont.)

Vaccines

Some vaccines not covered under provincial health care plans, such as:

- Serums — reimbursed at the same level as the prescription drugs component of the plan
- Administration of shot — reimbursed at 70% (basic) or 100% (comprehensive) under the medical services and supplies component of the plan

Fertility treatments

- Services for fertility treatments and procedures not covered by a provincial medical plan
- Fertility drugs are covered under prescription drugs

Gender reassignment procedures

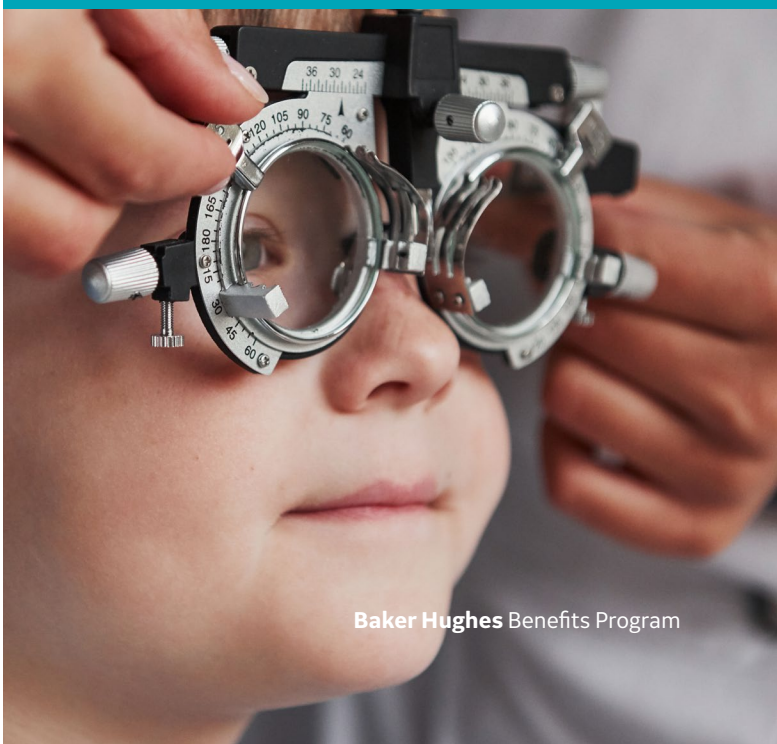
Services for procedures related to gender reassignment not covered by a provincial medical plan include (but are not limited to):

- Reconstructive chest, breast, and genital procedures
- Other procedures deemed medically necessary (e.g., facial feminization; voice modification; hair removal; lipoplasty)

For a list of other covered procedures, contact Canada Life at 1-800-957-9777.

Which medical option to choose? Consider...

1. **How many and what kind of health care expenses do you and your family typically have?**
   Employees with only a few health care expenses may find that the basic coverage option will suit their needs.
2. **How many prescriptions do you and your family typically have filled in a year?**
   Estimate how many prescriptions you and your family will have in the coming year.
3. **How much will you and your family spend on paramedical practitioners in the coming year?**
   Estimate how much you and your family will spend on paramedical practitioners. Calculate what your out-of-pocket costs would be under each option, and compare them to the cost of the coverage options.
4. **Does anyone in your family need glasses or contact lenses?**
   Determine how many pairs of glasses or contact lenses you and your family will need over the plan year.



Dental coverage

You can choose one of three coverage levels for dental:

- Comprehensive plan
- Basic plan
- Opt-out

Dental	Basic	Comprehensive
Annual maximum (excludes orthodontics)	$1,500	$3,000
Preventative services	100%	100%
Basic services	80%	90%
Endodontics	80%	90%
Periodontics	80% (Additional scaling: 50%)	90% (Additional scaling: 50%)
Major services	50%	60%
Dentures / bridges	50%	60%
Orthodontics (children only) (lifetime maximum)	N/A	50% ($3,000)
Accidental injury services	Up to $2,000 per accident	Up to $2,500 per accident
Recall adult / child	9 / 6 months	9 / 6 months
Lock-in period	None	2 years

Which dental option to choose? Consider...

1. **How much does your family expect to spend on dental services?**
   Estimate how much you expect to spend on dental services over the next year.
2. **Does anyone in your family need major dental work such as a crown or dentures?**
   If you know you and your family will need coverage for major dental services such as crowns or dentures, it's a good idea to plan for them in advance.
3. **Does anyone in your family need braces?**
   Orthodontic work (braces) for children is covered under the comprehensive option only.
4. **Do you have coverage available to you through your spouse's employer?**
   Compare your spouse's coverage and related costs to the options under the Baker Hughes program and decide which coverage option makes the most economic sense for you. The Baker Hughes benefits program also allows you to submit dental claims to both your and your spouse's programs to minimize your out-of-pocket expenses.

Note: If you choose comprehensive dental coverage, you will be locked in to your choice for two plan years.
Note: The plan expenses are based on the dental fee guide in each province.

Dental expenses: What's covered?

Preventive dental services

- Routine oral examinations, cleaning and scaling of teeth, and fluoride applications:
- X-rays, including:
  - Bite-wing x-rays once every 12 months
  - Full mouth x-rays once every 36 months
  - Diagnostic x-rays as required for dental surgery
- Space maintainers for missing primary teeth and certain habit-breaking appliances for children under age 14
- Pit and fissure sealants for children under age 16 (permanent posterior teeth once every three years)

Basic dental services

- Fillings, including amalgam, silicate, acrylic and composite fillings
- Removal of teeth, including surgical extraction of impacted teeth
- Diagnosis and treatment of root canals and pulp, including root canal therapy (endodontics)

Major dental services

- Adjustment, repair, relining and rebasing of an existing fixed bridge, removable partial or complete denture (replacement after five years, repairs after three months)
- Diagnosis and treatment of disease of the gums, tissues and bones supporting the teeth, including the surgical removal of cysts and neoplasms in these areas (periodontics)
- Dental inlays, onlays and crowns
- Creation of a fixed bridge or removable partial or complete denture
- TMJ appliances up to $500 every three years
- Implants
- Specialist fees when referred by your dentist

Accidental injury services

- Dental treatment for the repair of natural teeth required as a result of an accident

Coordinate your medical and dental benefits

You may have coverage under your spouse's benefits program. The Baker Hughes benefits program allows you to submit medical and dental claims to both programs to minimize your out-of-pocket expenses.

Here's how to submit claims to coordinate coverage for you and your family:

- A claim for yourself: Submit the claim to the Baker Hughes program first. The remaining balance can be submitted to your spouse's program.
- A claim for your spouse: Submit the claim to your spouse's program first. The remaining balance can be paid through the Baker Hughes program.
- A claim for your child(ren): Submit the claim to the plan of the parent whose birthday falls first in the calendar year. The remaining balance can be processed through the other spouse's plan.

Note: You cannot be reimbursed for more than 100% of your expense.

Important: 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 and/or children as your dependents for medical and dental purposes; you would each have your own employee life, LTD and AD&D; or
- Both can choose to enroll in benefits as employees, but cannot insure each other.

Eligible children may be enrolled as dependents of either spouse but not both.

Health Spending Account (HSA)

Each plan year, the company may provide you with flex credits that you can direct to your Health Spending Account (HSA) to help cover medical and dental expenses not covered under the program, tax-free.

If you opt out of the programs or choose basic coverage, you will also receive flex credits that you can direct to your HSA, taxable Lifestyle Account or Group RRSP.

You might consider directing some flex credits to your HSA if:

- You are enrolled in a lower coverage option and you are required to pay a portion of your claims out of pocket
- You have expenses that are not covered or partially covered by your provincial health plan or the Baker Hughes benefits program

According to Canada Revenue Agency (CRA) rules, you must use the credits in your HSA account within **two years**—or else you will lose them. If you don't use all the flex credits in your HSA account by the end of the plan year, you are allowed to carry forward the unused flex credits to the following year.

Eligible HSA claims

You can use the HSA to help pay for the same expenses eligible under the Medical Expense Tax Credit as defined in the Income Tax Act. The entire list of eligible expenses for the HSA is available on the CRA website at canada.ca.

Some examples include:

- Benefit premiums you pay through payroll deductions
- Prescription drug dispensing fees
- The percentage of program-eligible expenses you pay for through co-insurance
- All fees above the plan maximums—including vision care and laser eye surgery, paramedical, and dental fees
- Expenses not covered under the plan, including dental implants, private hospital accommodation, etc.
- Eye glasses and contact lenses
- Laser eye surgery
- Guide dogs
- Equipment for sports injuries
- Cosmetic surgery

Eligible dependents

You can submit claims under your HSA for a broad range of dependents, including your eligible spouse and dependent child(ren) or grandchild(ren).

Taxable Lifestyle Account

You can also allocate flex credits to the taxable Lifestyle Account to help pay for a range of eligible expenses related to personal wellness, education, family care, financial services, transportation and technology.

According to Canada Revenue Agency (CRA) rules, you must use your credits in your taxable Lifestyle Account within two years—or else you will lose them. If you don't use all the flex credits in your account by the end of the plan year, CRA allows you to carry forward the unused flex credits to the following year.

Eligible Lifestyle Account claims

You can use your taxable Lifestyle Account to cover any of the following list of eligible expenses:

Wellness

- Over-the-counter vitamins and supplements
- First aid, CPR training
- Personal trainers, consultants

- Holistic health services, allergy tests
- Registration fees for fitness related programs such as sport camps, sport teams, golf courses
- Fitness equipment such as golf clubs, shoes, gloves, hockey equipment
- Canoes, kayaks, rowing boats, life vests, paddle boards

Education
- Stipends (tuition reimbursement)
- Continuing education (courses, conferences, seminars)
- Licenses, certifications
- Hobbies classes, equipment and supplies

Family
- Concierge services (house cleaning, laundry, errands, postal services, travel and vacation planning)
- Family planning assistance (adoption, surrogacy, fertility)
- Pre-natal classes, midwife services
- Homecare assistance services and products
- Caregiver support programs and services (child care, elder care, pet care)

Financial
- Insurance (home, auto, pet)
- Protection (identity theft, legal services)
- Financial services (banking, estate planning)
- Tax return software

Commuter
- Subsidies (parking, public transportation)
- Car and bike services (car wash, bike repair)
- Other transportation (rental cars, car services)

Technology
- Mobile devices, computers

Eligible dependents

You can submit claims for your eligible family members who are covered under the benefits program—**as long as you are also a participant in the activity**. For example, you cannot claim swimming lessons, skating lessons, or soccer fees for your eligible dependent children.

Note: The amount you withdraw from your taxable Lifestyle Account will be taxed. Payroll will add the taxable benefit to your pay cheque immediately following the claim payment, allowing you to pay the required taxes. This taxable benefit amount will appear on your T4.

Employee and Family Assistance Program (EFAP)

The Employee and Family Assistance Program (EFAP) is accessible to all employees and their families. EFAP is a confidential employee benefit program that provides access to a range of free, confidential services, including counselling for all of life's challenges:

- Addictions
- Depression
- Stress
- Self-esteem
- Anger
- Grief
- Family and/or elder care
- Financial or legal advice
- Nurseline

You can access our EFAP services through https://homeweb.ca for e-Learning, interactive tools, health and wellness assessments, and a library of health, life balance, and workplace articles.

You can also access our EFAP services by calling Homewood Health at 1-800-663-1142 and speaking with a counsellor.

Teladoc Medical Experts

Recognized experts covering 450 medical specialties provide guidance to help you make health decisions. Get insights on second opinions on diagnosis or treatment, finding Canadian physicians, locating specialists and resources, and navigating healthcare.

Mental Health Navigator

Get an expert assessment and review your mental health diagnosis. Use this service if your condition isn't improving, you need clarity on your diagnosis and next steps, or your current treatment hasn't been effective.

Employees, spouses, and dependents, who are eligible for the benefits program as well as the employees' parents and parent-in-laws are eligible.

Questions?
Call: 1-877-419-2378 or visit: Teladoc.ca/CanadaLife

Protection program

We know that illness and injury affect our employees and their families. That's why the protection program provides basic and optional coverage for a wide range of insurances that help ensure financial security for you and your family.

Life insurance

Basic life insurance (employer paid)

The company provides basic life insurance to all eligible employees at 2x base salary, up to a maximum of $2.5 million. If you select a level of coverage that is less than 2x your base salary, you will free up extra flex credits to spend on other benefits or deposit to your HSA/Lifestyle Account/Group RRSP. You must choose a minimum benefit of 1x salary of employee life insurance. At age 65, the amount of basic life insurance reduces by 50%.

Optional life insurance (employee paid)

You can purchase additional optional life insurance for yourself, your spouse and/or children during annual enrollment, or make changes to your chosen insurance levels.

What is evidence of insurability?

Evidence of insurability is proof of an individual's health. If you request additional life insurance, critical illness insurance, or long-term disability coverage, the insurance company requires that you and/or your spouse complete a form providing medical information. Depending on the information you provide, the insurance company may ask you to pass a physical examination or other medical tests before deciding whether or not to approve the coverage. It is important that the information you provide is accurate since misrepresentations can result in the rejection of your claim.

Optional employee life insurance	Units of $25,000 up to $150,000, units of $50,000 up to $300,000, and units of $100,000 up to $1.0M
Optional spousal life insurance	Units of $25,000 up to $1.0M
Optional child life insurance	Units of $5,000 up to $20,000

You can pay for life insurance coverage for yourself and your dependents through payroll deductions, flex credits, or a combination of both. The cost of coverage depends on your age and smoker status.

Note: Proof of good health (evidence of insurability) is required if you wish to purchase optional life insurance for yourself or your spouse at a level greater than what you have previously been approved for.

Which life insurance option to choose? Consider...

1. **How much life insurance coverage do you need?**
   If you are single and have virtually no debts, basic life insurance coverage or less may be all you need. If you have dependents or significant debts such as a mortgage, and the basic life insurance (2x your earnings) is not enough for your needs, you may want to purchase optional life insurance protection.

2. **Are you in good health now?**
   If you are in good health now, you may want to take advantage of the optional life insurance. Once you are approved for optional life insurance coverage, you can keep it for as long as you are eligible for the Baker Hughes benefits program, even if your health changes, as long as you pay the premium.

3. **Do you depend on your spouse for part of our household income?**
   Will the loss of your spouse's income cause financial hardship? Will you need to pay more for childcare or household maintenance if your spouse died? Your spouse may have coverage through his or her personal or employer plan. If so, how does the cost of your spouse's existing coverage compare with the cost of coverage under the Baker Hughes protection program?

4. **Do you have the resources to pay for a funeral if your spouse or child dies?**
   You may consider taking life insurance for your dependents to cover funeral costs.

Accidental death & dismemberment (AD&D) insurance

Basic AD&D insurance (employer paid)

The company provides basic AD&D insurance to all eligible employees at 2x base salary, up to a maximum of $1 million. If you select a level of coverage that is less than 2x your base salary, you will free up extra flex credits to spend on other benefits or deposit to your HSA/Lifestyle Account/Group RRSP. You must choose a minimum benefit of 1x salary of employee AD&D insurance.

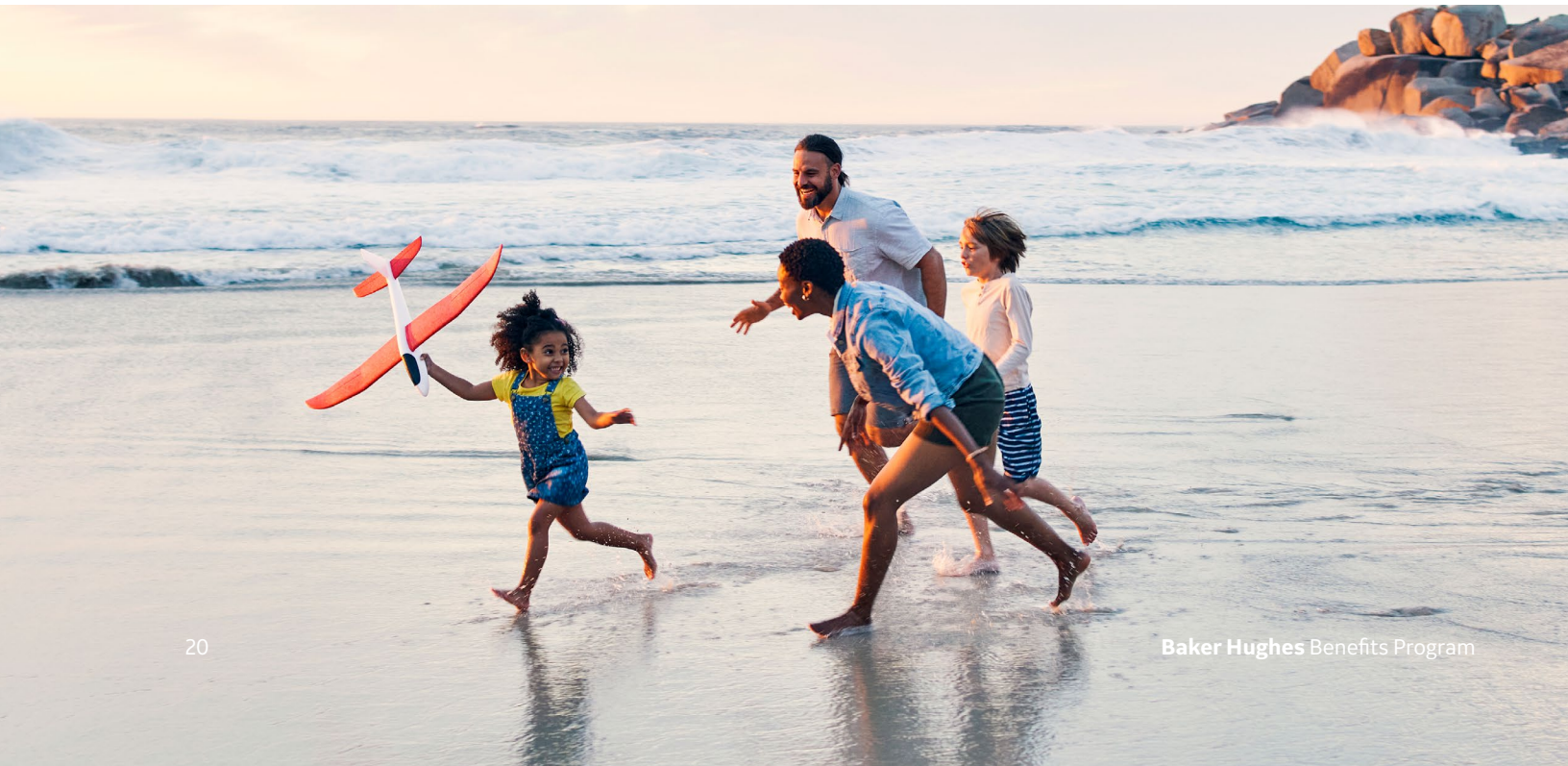
Optional AD&D insurance (employee paid)

You can purchase additional optional life insurance for yourself, your spouse and/or children during annual enrollment, or make changes to your chosen insurance levels.

Optional employee AD&D	Units of $50,000 up to $300,000, and units of $100,000 up to $1.0M
Optional spousal AD&D	Units of $25,000 up to $500,000
Optional child AD&D	Multiples of $5,000 up to $50,000

You can pay for optional AD&D coverage for yourself and your dependents through payroll deductions, flex credits, or a combination of both.

The cost of this coverage is based on the coverage amount you select. Proof of good health is not required.



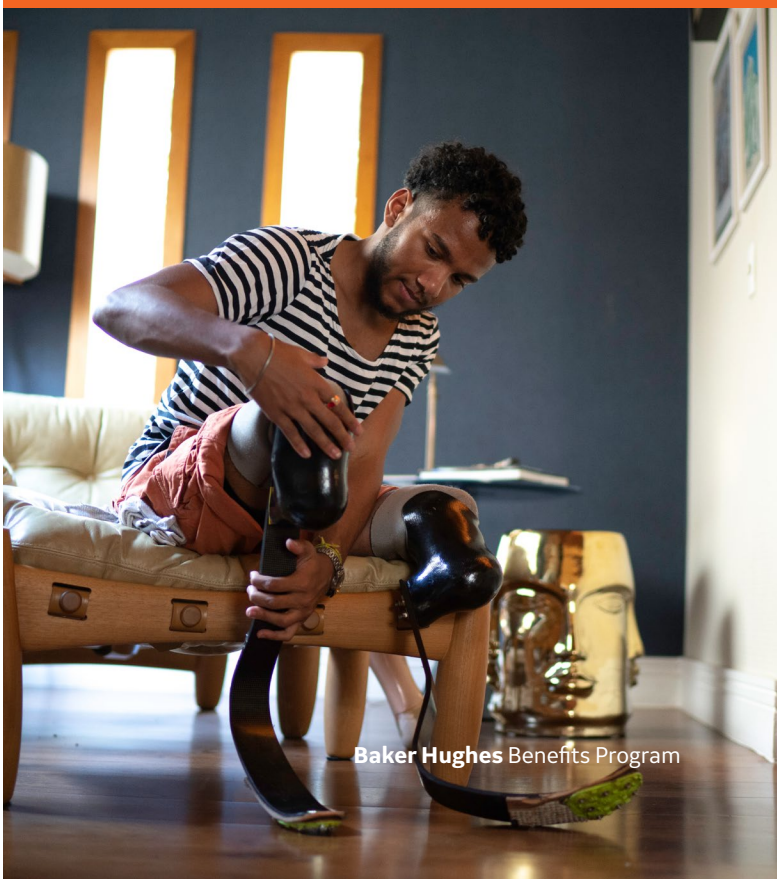
How much is the AD&D benefit?

The AD&D benefit is based on a "schedule of benefits" and depends on the nature of the injuries, as defined in the table below.

Loss of...	Percentage of Principal Amount
Life	100%
Both hands or both feet or sight of both eyes	100%
One hand or foot and entire sight of one eye	100%
One hand and one foot	100%
Speech and hearing	100%
One arm or one leg	75%
Speech or hearing	66 -2/3%
One hand or foot or entire sight of one eye	66 -2/3%
Thumb and index finger (or at least four fingers of one hand)	33 -1/3%
All toes of one foot	25%
Hearing in one ear	33 -1/3%
Paralysis — quadriplegia	200%
Paralysis — paraplegia	200%
Paralysis — hemiplegia	200%
Loss of use of... (For a continuous 12-month period)	
Both arms or both hands	100%
One arm or one leg	75%
One hand or one foot	66 -2/3%

Which AD&D insurance option to choose? Consider...

1. **Is life insurance enough?**
   AD&D insurance is not a replacement for life insurance. Accident insurance is paid to your beneficiary only if you die because of an accident. Accident insurance also pays you a benefit while you are still living if you are accidentally injured. Life insurance does not.
2. **Does anyone in your family travel often by car, or participate in high-risk sports or activities?**
   You might want to buy a higher level of accident insurance if your family members could be at a greater risk of accidental injury or death.
3. **Do you have other accident insurance coverage?**
   If you already have accident insurance through your spouse's plan or a private plan, compare the cost of that coverage to the cost under the Baker Hughes protection program.



Critical illness insurance (employee paid)

You can choose to purchase critical illness insurance, which provides a lump-sum payment if you are diagnosed with a covered critical illness or condition (e.g., cancer, stroke).

Optional employee critical illness insurance	Units of $10,000 up to $500,000
Optional spousal critical illness insurance	Units of $10,000 up to $500,000
Optional child critical illness insurance	Units of $5,000 up to $20,000

Which critical illness option to choose? Consider...

1. **What kind of risk do you face of suffering one of the covered illnesses?**
   We all know someone directly affected by serious illness. While you may remain healthy, there's no guarantee. Family history may be cause for a higher risk.

2. **Do you need this extra coverage on top of other insurance benefits?**
   Even though employees have long-term disability coverage under the Baker Hughes protection program, it doesn't pay 100% of your salary. If you are off work for an extended period to fight an illness, you likely will need extra money cover expenses such as bills, loans, medical costs or a mortgage.

You can pay for optional critical illness insurance coverage for yourself and your dependents through payroll deductions, flex credits, or a combination of both. The cost of coverage depends on your age and smoker status.

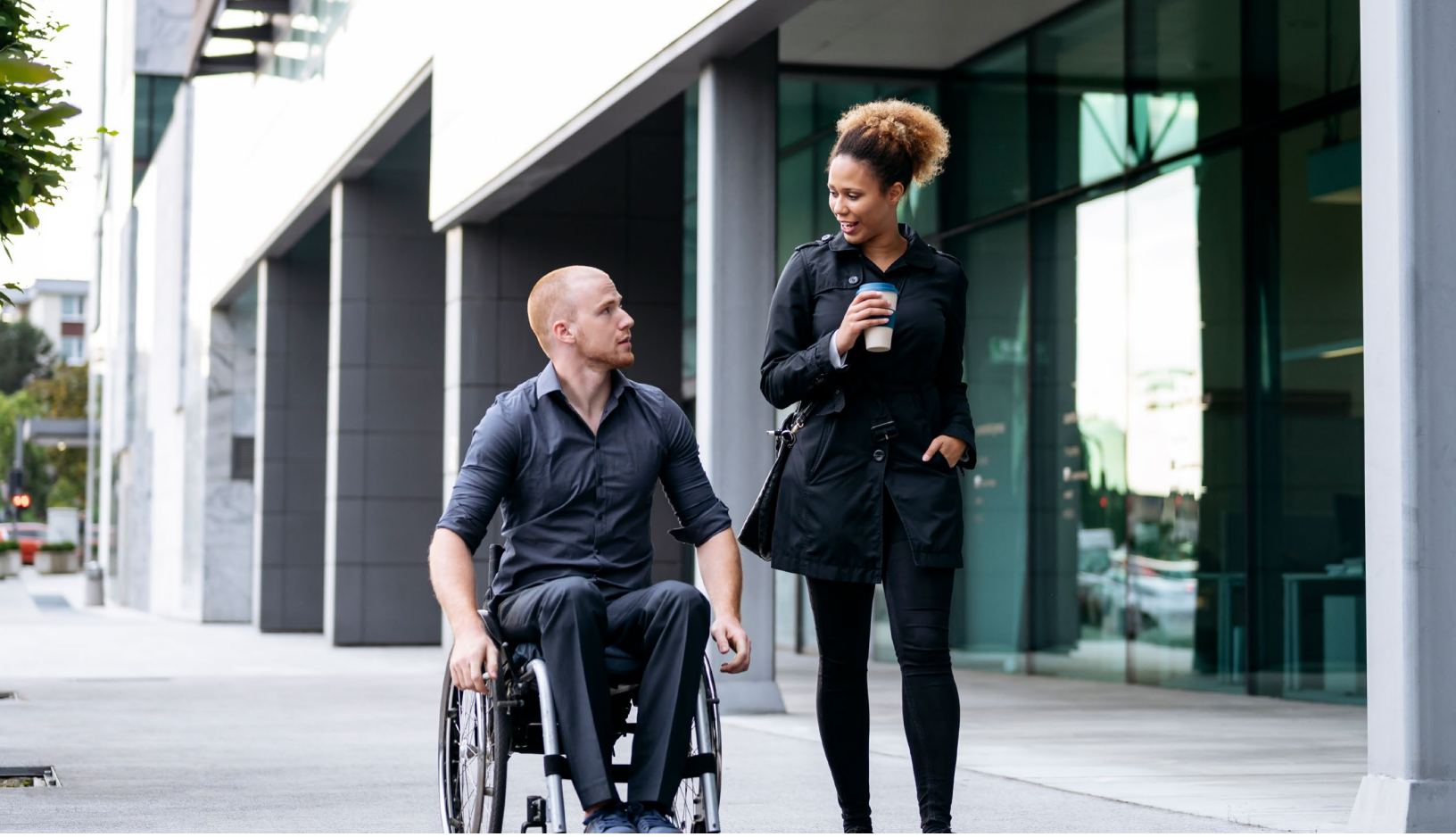
Note: Proof of good health is required if you wish to purchase optional critical illness insurance in excess of:

- $50,000 for employees
- $50,000 for dependent spouses
- $10,000 for dependent children

These thresholds only apply at initial enrollment. Proof of good health is required for any amount of critical illness insurance outside of initial enrollment.

Designating a beneficiary for your insurance coverage is important!

- You can name a person, an institution or a charity to receive your life, AD&D and critical illness (if applicable) insurance benefit(s) in the event of your death
- You must make your designation in writing
- If you do not name a beneficiary, you will have no beneficiary on file, and the benefit will be paid to your estate, subject to taxes



Disability insurance

Short-term disability (employer paid)

If you are unable to work as a result of a non-occupational illness or injury, you may be eligible for short-term disability (STD) benefits; a plan that provides salary continuation. The amount you are covered for depends on how long you have been employed with Baker Hughes (including a division or affiliate).

Short-term disability	**Benefit pay**
<5 years of service	6 weeks @ 100% of benefits pay, 20 weeks @ 75% of benefits pay
5 to 9 years of service	13 weeks @ 100% of benefits pay, 13 weeks @ 75% of benefits pay
10+ years of service	26 weeks @ 100% of benefits pay

The company requires your doctor to complete “early referral documentation” before you are considered eligible for STD benefits. If approved by a third-party provider, the plan provides salary continuation according to the schedule above.

STD benefits are provided by the company for all permanent employees.

Long-term disability (employee paid)

Long-term disability (LTD) provides a monthly income if you are unable to work due to an extended illness or injury. If you are still unable to work when your STD benefits expire, you may be eligible for LTD.

You can choose from two LTD options:

Long-term disability	Benefit pay
Option 1	50% of benefits pay
Option 2	60% of benefits pay

You make your selection during annual enrollment. If you wish to increase your coverage from Option 1 to Option 2, you must complete and submit evidence of insurability and be approved by the insurance company before your increased coverage becomes effective. In addition, if you apply for coverage in excess of the non-evidence maximum ($15,000 per month), you must complete and submit evidence of insurability and be approved by the insurance company before coverage in excess of $15,000 per month and less than $25,000 per month becomes effective.

You pay the cost of LTD through payroll deductions. Any benefit payable to you will be tax-free.

When LTD benefits start

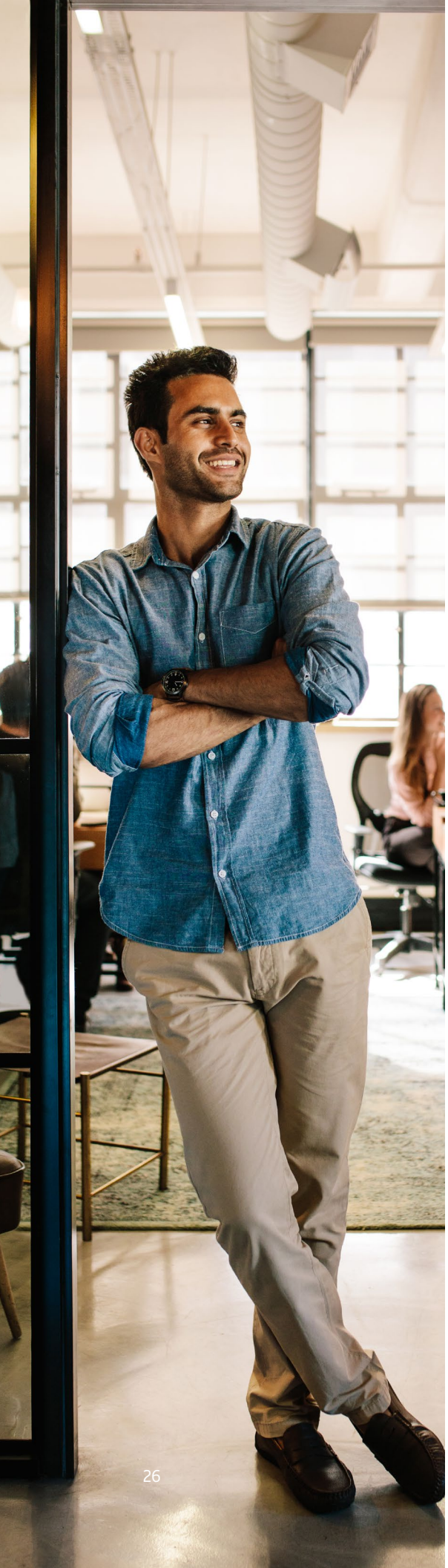
Regardless of which LTD option you choose, you become eligible to use your LTD benefits after you have been approved by the insurance provider and you have been totally disabled for a period of 26 consecutive weeks, or 182 calendar days.

To qualify for LTD benefits beyond a 24-month period, you must be totally disabled and unable to perform the duties of any occupation for which you are reasonably qualified by training, education or experience.

If you qualify, your LTD benefits will continue for as long as you remain totally disabled, up to age 65.

The benefits you receive from the insurance company are reduced by any payments you receive from other sources. These sources include:

- Workers' compensation
- Canada/Quebec Pension Plan
- Personal LTD plans or other employment income
- Salary continuation



Enrollment checklist

You will enroll in the Baker Hughes benefits program using the online enrollment tool on the Baker Hughes benefits portal at https://mybakerhughescanada.com.

Each year, you will also have the opportunity to re-enroll (i.e., choose new options) during the annual enrollment period to ensure your benefits continue to meet your and your family's needs. Your selections will take effect for the next plan year—from January 1 to December 31.

Step 1: Prepare for enrollment:

- ☐ **Review this guide** to learn all program details
- ☐ **Discuss coverage options with your family** to determine health and protection needs
- ☐ **Review your spouse's benefits information** and discuss the best way to coordinate benefits between the two programs
- ☐ **Know the birthdates of your dependents.** You will need to enter the names and birthdates of all eligible dependents you wish to enroll in the program. For proper claims processing, it is important that you enter the correct birthdates and the full legal names for your dependents (do not enter nicknames)
- ☐ **Choose beneficiaries for life, AD&D and critical illness insurance**—you will need to enter their names in the enrollment tool
- ☐ **Ask questions.** If you have questions about the benefits program or your options after reading this booklet and other materials, please contact the Baker Hughes Benefits Centre:
  - 1-877-445-0145, Monday to Friday, 6:00 a.m. to 6:00 p.m. (MST)
  - bhbenefits@telushealth.com

Step 2: Enroll online

- ☐ **Log on to the benefits website** — https://mybakerhughescanada.com — and use the online enrollment tool
- ☐ **Complete the following four steps:**
  - Family
  - Benefits
  - Beneficiaries
  - Finalize

Step 3: Be sure to complete and submit all your forms

If there are forms you must complete as part of your enrollment, you will see them listed in the enrollment tool. For example, forms are required in the following situations:

- You are a new employee naming a beneficiary for the first time
- You are an existing employee changing your beneficiary or dependent information
- You are choosing a level of insurance coverage that requires "evidence of insurability" before being approved

The online enrollment tool will prompt you to print the applicable forms. You must complete the required forms and send them to the address indicated on the form.