

# Baker Hughes

## Summary of Benefits Critical Illness Protection Plan



<b>Effective Date</b>	1/1/2025
<b>Eligibility</b>	All Active Full Time Employees working a minimum of 20 hours per week.
	<i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>

Covered Critical Illness Conditions	
Base Conditions	Percentage of Maximum Benefit Amount payable per Covered Person or Dependent
<b>Cancer Conditions</b>	
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	\$250
<b>Vascular Conditions</b>	
Heart Attack	100%
Coronary Artery Disease Major (Coronary Artery Bypass Surgery)	100%
Coronary Artery Disease Minor (Coronary Artery Stent or Angioplasty)	25%
Sudden Cardiac Arrest	100%
Stroke	100%
Ruptured Aneurysm	100%
<b>Organ Failure Conditions</b>	
Chronic Renal (Kidney) Failure	100%
Heart Failure	100%
Major Organ Failure (Liver, Lung, Pancreas, Small Bowel)	100%
Bone Marrow Disease	100%
<b>Functional Loss Conditions</b>	
Paralysis	100%
Coma	100%
Loss of Hearing Accident and Sickness**	100%
Loss of Sight Accident and Sickness**	100%
Loss of Speech Accident and Sickness**	100%
Severe Brain Damage	100%
<b>Infectious Disease Conditions</b>	
Coronavirus (3 or more days of Hospitalization)	\$1,000
Infectious Disease Major* (5 or more days of Hospitalization)	25%
Infectious Disease Minor* (Diagnosis Only)	25%
<b>Neurological Disease Conditions** (diagnosis only)</b>	
Alzheimer's Disease	25%
Huntington's Disease	25%
Multiple Sclerosis	25%
Parkinson's Disease	25%
Amyotrophic Lateral Sclerosis (ALS)	25%
<b>Advanced Nuerological Disease Conditions** (loss of ADLs)</b>	
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%
<b>Additional Conditions</b>	
Benign Brain Tumor	50%

**This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.**

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Benefits Payable		
Voluntary Benefits	Employee Paid Benefits	
	Low Plan	High Plan
Employee Guarantee Issue Benefit	\$15,000	\$30,000
Spouse Guarantee Issue Benefit	\$15,000	\$30,000
Child(ren) Guarantee Issue Benefit	\$7,500	\$15,000

- Employee must purchase coverage in order to purchase dependent coverage

Additional Benefits	
Reoccurrence Benefit	100% of Benefit Amount for Base Conditions payable per Covered Person or Dependent
Additional Occurrence	100% of the benefit amount payable per covered employee or dependent for a different covered condition.
Wellness Benefit Rider	\$50. Benefit paid upon completion of a covered wellness exam or health screening test. One covered test per plan year per Insured
Portability	Included at Employer's group rate with age limit of 75.

### Important Details

**This Summary of Benefits sheet is an overview of the Critical Illness Insurance being offered and is provided for illustrative purposes only and is not a contract.** It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

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Dependent children are covered to age 26

### Exclusions and Renewal Provisions:

The Policy does not cover loss due to suicide or intentionally self-inflicted injury, participating in a riot or felony; war; use of alcohol or the non-medical use of drugs; while on active duty in any armed forces except under the policy's Continuation during leave provision; cosmetic or elective surgery; or any Critical Illness with a date of diagnosis prior to the effective date.\*

\*Some state variations may apply

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the group or no longer meets the specific eligibility requirements stated in the Policy; or benefits have been fully paid for qualifying conditions or the Policy terminates. The Policy is renewable at the option of the company. See the Policy for terms and periods related to continuation during approved leaves.

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on form UHICI-POL-1. In New York, it is referred to as Specified Disease insurance and provided by Unimerica Life Insurance Company of New York UHICI-POL-1-NY. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor.

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