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SLB Medical Plans					
Administration and Access	The medical plans are administered by Cigna. To find care and costs, view claims and coverage, visit <a href="https://myCigna.com">myCigna.com</a> or call 1-800-668-1506. You can also access myCigna directly from <a href="#">iThrive</a> .				
Eligibility	Full-time and part-time regular employees and interns are eligible on date of hire. A 30-day waiting period applies to Reda employees. If you are a new hire, rehire, or transfer in, you must enroll or waive coverage 31 days from your first day of eligibility.				
Overview	SLB has three medical plans, the Saver HSA, the Choice HSA and the Open Access Plus (OAP). All three plans have the same comprehensive coverage, the same network of providers, include Basic Vision, Prescription Drug coverage and cover preventive care at 100%. The difference in the plans are the cost per pay period, deductibles, coinsurance, out-of-pocket maximums and HSA contributions.				
Costs and HSA Contributions					
	Saver HSA		Choice HSA		Open Access Plus (OAP)
Cost per pay period					
Employee only	\$39.69		\$55.85		\$91.85
Employee + spouse	\$78.92		\$112.15		\$183.69
Employee + child(ren)	\$75.23		\$106.62		\$174.46
Employee + family	\$122.31		\$173.54		\$284.77
Spousal Surcharge (if applies) <sup>1</sup>	\$46.15		\$46.15		\$46.15
HSA contributions	Employee	All Other	Employee	All Other	N/A
SLB	\$ 600	\$1,200	\$ 500	\$1,000	
Employee pre-tax	\$3,550	\$7,100	\$3,650	\$7,300	
IRS Maximum	\$4,150	\$8,300	\$4,150	\$8,300	
<sup>1</sup> The spousal surcharge applies if your spouse is employed full-time and does not participate in the group medical plan offered by his/her employer. The surcharge does not apply if your spouse is also an SLB employee.					

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Deductibles and Out-of-Pocket Maximums						
	Saver HSA <sup>1</sup>		Choice HSA <sup>1</sup>		Open Access Plus (OAP) <sup>2</sup>	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Employee only	\$3,500	\$5,000	\$1,750	\$3,500	\$500	\$1,000
All other	\$7,000	\$10,000	\$3,500	\$7,000	\$1,000	\$2,000
Medical Out-of-Pocket Maximum						
Employee only	\$3,500	\$5,000	\$3,500	\$5,000	\$2,500	\$5,000
All other	\$7,000	\$10,000	\$7,000	\$10,000	\$5,000	\$10,000
Rx Out-of-Pocket Maximum						
Employee only	Does not apply		Does not apply		\$2,000	
All other					\$4,000	

<sup>1</sup> Under the Saver and Choice HSA, the deductible applies to any combination of medical services and prescription drugs.  
<sup>2</sup> Under the OAP, the deductible applies to medical services only. Your prescription drug costs do not count toward the deductible.

Preventive Services (must be coded by the physician as preventive)						
	Saver HSA		Choice HSA		Open Access Plus (OAP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive services are determined by your physician based on your age and medical history and can include: → Routine Immunizations → Periodic physical exams, including well woman and child → Screenings for certain types of cancers, including breast, cervical, colon, and prostate. Cardiovascular conditions, diabetes, osteoporosis and various obstetric, pediatric, vision and hearing disorders	0% no deductible	0% no deductible	0% no deductible	40% no deductible	0% no deductible	40% after deductible

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**Healthcare Services** (what you pay after deductible has been met)

	Saver HSA		Choice HSA		Open Access Plus (OAP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Physician, Diagnostic, Imaging Services, Urgent Care</b>						
Telehealth	0%	0%	20%	40%	20%	40%
Primary care visit	0%	0%	20%	40%	20%	40%
Specialist office visit	0%	0%	20%	40%	20%	40%
Diagnostic tests & x-rays (in- or out-patient) <sup>1</sup>	0%	0%	20%	40%	20%	40%
Imaging (CT/PET scans, MRIs) <sup>1</sup>	0%	0%	20%	40%	20%	40%
Urgent Care	0%	0%	20%	40%	20%	40%
<b>Emergency, Hospital Stay, Outpatient Surgery, Mental Health, Childbirth Services</b>						
Emergency room care	0%	0%	20%	40%	20%	40%
Emergency transportation	0%	0%	20%	40%	20%	40%
Hospital Stay <sup>1</sup> Facility fee (e.g., hospital room) Physician/surgeon fees	0%	0%	20%	40%	20%	40%
Outpatient Surgery <sup>1</sup> Facility fee (e.g., surgery center) Physician/surgeon fees	0%	0%	20%	40%	20%	40%
Mental health, behavioral health, substance abuse services <sup>1</sup>	0%	0%	20%	40%	20%	40%
Childbirth Office Visits Professional services Facility services	0%	0%	20%	40%	20%	40%

<sup>1</sup> Your physician is responsible for getting any required pre-certification for in-network services. You are responsible for out-of-network. If you do not receive pre-certification, your covered expenses may be reduced by \$500 in addition to the coinsurance, you may also pay any charges above reasonable and customary plus up to a \$1,000 penalty for use of an out-of-network facility.

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Other Healthcare Services (what you pay after deductible has been met)						
Other Healthcare Services	Saver HSA		Choice HSA		Open Access Plus (OAP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Home health care <sup>1</sup>	0%	0%	20%	40%	20%	40%
Physical, Occupational, Speech Therapy <sup>1</sup>	0%	0%	20%	40%	20%	40%
Durable medical equipment <sup>1</sup>	0%	0%	20%	40%	20%	40%
Skilled nursing care <sup>1</sup>	0%	0%	20%	40%	20%	40%
Hospice care <sup>1</sup>	0%	0%	20%	40%	20%	40%

<sup>1</sup>Your physician is responsible for getting any required pre-certification for in-network services. You are responsible for getting pre-certification for out-of-network services. If you do not receive pre-certification, your covered expenses may be reduced by \$500. In addition to the coinsurance, you may also pay any charges above reasonable and customary plus up to a \$1,000 penalty for use of an out-of-network facility.

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Health Savings Account				
Administration and Access	HSAs are administered by Alight Smart-Choice. Visit the "Reimbursement Accounts" tab on <a href="#">iThrive</a> to access your account, view activity, contributions and investments.			
Eligibility	Employees who enroll in the Saver HSA or the Choice HSA medical plan are eligible. If you enroll on or after January 1 through November 30, Company contributions are pro-rated. If you enroll in December, you will not receive a Company contribution.			
	Saver HSA		Choice HSA	
Annual Contributions	Employee Only	All Other	Employee Only	All Other
SLB	\$600	\$1,200	\$500	\$1,000
Employee pre-tax	\$3,550	\$7,100	\$3,650	\$7,300
IRS maximum	\$4,150	\$8,300	\$4,150	\$8,300
	\$1,000/year catch-up contributions allowed if you're age 55 or older.			
Overview of the HSA	<p>A Health Savings Account (HSA) allows you to pay for qualified health care expenses. Here are some advantages of an HSA:</p> <p>Your contributions are tax-free, any investment growth within the account is tax-free and you can use the money tax-free for eligible healthcare expenses.</p> <p>Your money rolls over. Any money in your account at the end of each year stays in your account.</p> <p>You keep the account. If you leave SLB or retire, the account goes with you. So, it acts like an additional savings tool that you can use to spend on healthcare wherever you are.</p>			
Your HSA Account	<p>After you enroll, your account will be established at Alight Smart-Choice Accounts. It may take up to two payroll periods for initial contributions to be deposited in your account. If you enroll in December, you will not receive a Company contribution.</p> <p>Contributions are invested in an interest-bearing account; earnings grow tax-free.<sup>1</sup> You can use your account to pay for out-of-pocket healthcare expenses for you and your dependents. The balance in your account rolls over from year to year. There is <u>no</u> use-it-or-lose-it rule.</p>			
Withdrawals and eligible expenses	You may make tax-free withdrawals at any time to pay eligible healthcare expenses for you and your dependents. <sup>1</sup> Eligible expenses include your annual deductibles and other out-of-pocket costs for medical, dental, prescription drugs and vision care services.			
Vesting	There are no vesting requirements; you own all Company contributions as of the date of deposit. When you retire or leave SLB, 100% of the money in your account goes with you.			
<sup>1</sup> You're responsible for IRS reporting of any taxable distributions you receive from your account.				

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**Prescription Drugs** (available in 30-day supply or 90 day supply)

Log in to the myCigna App or myCigna.com to see how your plan covers specific medications. If you have questions about your prescription drug coverage, call Cigna at 1-800-668-1506. Benefits vary according to whether a generic or non-generic drug is dispensed. If you choose a preferred or non-preferred brand drug when your doctor permits use of a generic equivalent, you will also pay the difference in cost.

	Saver HSA	Choice HSA	Open Access Plus (OAP)
Coverage	If your prescription is for no more than a one-month supply (or 100 units, whichever is less), you may obtain your prescription through any retail pharmacy. Up to a three-month (90-day) supply of prescription maintenance drugs (with 3 refills) is available by mail order or at your retail pharmacy.		
Annual Deductible	Your prescription drugs apply to your medical deductible.		Your prescription drugs do not apply to your medical deductible.
Separate Rx out-of-pocket maximum	No	No	\$2,000 / employee only \$4,000 / all others
Tier 1 - Generics	\$0 After deductible	\$10	\$10
Tier 2 – Preferred Brands	\$0	25% (\$35 minimum/\$75 maximum)	25% (\$35 minimum/\$75 maximum)
Tier 3 – Non-preferred brands	\$0	40% (\$50 minimum/\$120 maximum)	40% (\$50 minimum/\$120 maximum)
Medications under the Patient Protection and Affordable Care Act (PPACA)'s preventive service requirement	No deductible, you pay \$0	No deductible, you pay \$0	N/A
Preventive Drug Program Tier 1	No deductible, you pay \$0	No deductible, 25% (\$35 minimum/\$75 maximum)	N/A
Preventive Drug Program Tier 2	No deductible, 25% (\$35 minimum/\$75 maximum)	No deductible, 25% (\$35 minimum/\$75 maximum)	N/A
Preventive Drug Program Tier 3	No deductible, 40% (\$50 minimum/\$120 maximum)	No deductible, 40% (\$50 minimum/\$120 maximum)	N/A

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Executive Health Exam (EHE)		
	Under age 40	Age 40 or older
Eligibility <sup>1</sup> and Coverage	Full-time and part-time regular employees who are enrolled in an SLB medical plan are eligible for the Executive Health Exam.	
	You and/or your spouse between the ages 18 and 40 may elect a comprehensive physical exam through EHE once every two years. <sup>2</sup> This exam is in addition to the preventive coverage included with your medical plan and is conducted by a physician you select from the EHE nationwide provider network.	You and/or your spouse age 40 or older may elect an annual comprehensive physical exam through EHE. <sup>2</sup> This exam is in addition to the preventive coverage included with your medical plan and is conducted by a physician you select from the EHE nationwide provider network.
Cost per pay period	Under 40 years of age Over 40 years of age	\$17.54 \$28.85
Services	Partial listing of services that may be included in your exam: <ul style="list-style-type: none"> <li>Medical &amp; family history</li> <li>Physical examination</li> <li>Electrocardiogram</li> <li>Blood and urine tests</li> <li>Baseline mammogram</li> <li>Colonoscopy (when medically indicated)</li> </ul>	Partial listing of services that may be included in your exam: <ul style="list-style-type: none"> <li>Medical &amp; family history</li> <li>Physical examination</li> <li>Electrocardiogram</li> <li>Blood and urine tests</li> <li>Pap smear</li> <li>Prostate specific antigen test</li> <li>Mammogram</li> <li>Colonoscopy</li> </ul>
<p><sup>1</sup>Interns are not eligible for EHE.</p> <p><sup>2</sup>Your EHE physician will determine the services to be included in your exam as medically indicated. Refer to the EHE website for additional information on locations and services.</p>		

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SLB Vision Plans				
Administration and Access	The vision plans are administered by Cigna. For coverage details, visit <a href="https://myCigna.com">myCigna.com</a> or call 1-800-668-1506. You can also access myCigna directly from <a href="#">iThrive</a> .			
Eligibility <sup>1</sup>	Must be enrolled in and SLB medical plan.			
	Basic Vision		Supplemental Vision	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Coverage	Covers one eye exam each calendar year.  Covers <u>one</u> pair of eyeglasses or contact lenses once every other calendar year. Single, bi-focal and lenticular lenses only. Blended, progressive, and multi-focal lenses <u>are not</u> covered.		Covers one eye exam each calendar year.  Covers <u>two</u> pairs of eyeglasses or contact lenses each calendar year. <u>Includes</u> blended, progressive and multi-focal lenses.	
Cost per pay period Employee only Employee + spouse Employee + child(ren) Employee + family	Basic Vision is included with all SLB medical plans at no cost to employees.		\$4.62 \$8.77 \$7.85 \$12.92	
Exam	\$10 co-pay	\$40 maximum benefit	\$10 co-pay	\$40 maximum benefit
Necessary eyeglasses	\$20 co-pay	\$40 - \$125 maximum benefit, depending on the lenses you need	\$20 co-pay	\$40 - \$125 maximum benefit, depending on the lenses you need
Necessary frames	\$20 co-pay (\$130 maximum benefit)	\$45 maximum benefit	\$20 co-pay (\$130 maximum benefit)	\$45 maximum benefit
Necessary contact lenses	\$20 co-pay	All costs over \$210	\$20 co-pay	All costs over \$210
Elective contact lenses	All costs over \$130	All costs over \$105	All costs over \$130	All costs over \$105
Safety glasses or video display glasses	The plan pays \$100 towards the cost of each year			
<sup>1</sup> Interns receive Basic Vision but are not eligible for Supplemental Vision.				

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SLB Dental Plans					
Administration and Access	The dental plans are administered by Cigna. For coverage details, visit <a href="https://myCigna.com">myCigna.com</a> or call 1-800-668-1506. You can also access myCigna directly from <a href="#">iThrive</a> .				
Eligibility <sup>1</sup>	Full-time and part-time regular employees are eligible on date of hire.				
	DPPO	DPPO-X	DHMO		
Coverage	To be considered in-network, DPPO and DPPO-X providers must be in the Cigna Dental network. Your costs are generally higher when you use out-of-network providers. You're liable for all costs that exceed reasonable and customary amounts for services .			If you enroll in the DHMO, your provider(s) must be in the Cigna Dental HMO network. Out-of-network services are not covered.	
Annual Deductible					
Employee only	\$100	\$100			\$0
All others	\$200	\$200			\$0
Catastrophic (per person)	Not applicable	\$15,000			\$0
Cost per pay period					
Employee only	\$4.62	\$8.31			\$2.77
Employee + spouse	\$8.31	\$14.77			\$5.08
Employee + child(ren)	\$8.77	\$16.62			\$5.54
Family	\$13.85	\$25.85			\$8.77
Maximum Benefit					
Covered dental services	\$2,000 per person per year	\$10,000 per person per year			None
Orthodontic care	\$2,500 lifetime maximum	\$2,500 lifetime maximum			24-month lifetime maximum
Dental Services (what you pay after deductible has been met)					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Diagnostic and preventive care – exam and x-rays	\$0	\$0	\$0	\$0	\$0
Corrective care – fillings, extractions, root canals, etc.	20%	20%	20%	20%	Costs may vary. Contact Cigna or consult SPD.
Restorative care – inlays, onlays, bridgework, dentures, implants, etc.	40%	40%	40%	40%	Costs may vary. Contact Cigna or consult SPD.
Orthodontic care – evaluation, treatment, etc.	50%	50%	50%	50%	Costs may vary. Contact Cigna or consult SPD.
<sup>1</sup> Interns are not eligible for the Dental Plans.					

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