

Benefits Summary

Your Benefits Program is designed to help you meet your financial needs – both now and in the future. These benefits are an important part of your total compensation package. Please refer to the Summary Plan Descriptions located in your Benefit Binder or online at <http://employees.kochind.com> for full details of each plan. Benefit elections must be submitted within 30 days after the date that you undergo a change in status or become eligible for a special enrollment period (for example: new hire, birth, marriage).

Medical

The Koch Medical Plan offers two options which differ in the following areas:

- Out-of-Pocket Annual Maximum
- Price – Your monthly cost for each option
- Deductible and Coinsurance

Eligibility

Most full-time employees are eligible to elect participation in the Medical Plan.

Pre-existing Provision – 12 months after effective date of coverage. If you provide a “Certificate of Creditable Coverage” from your previous employer or insurance company, the Plan may waive the pre-existing provision for the months covered under your previous carrier. Pre-existing will apply if there is a break of coverage of more than 63 days between the end of the previous coverage and the applicable enrollment date.

Medical Plans	High Deductible		Coinsurance	
Employee	\$21 per month		\$71 per month	
Spouse	\$23 per month		\$92 per month	
Child (per)	\$8 per month		\$28 per month	
Annual Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Coverage	\$1,150	\$2,300	None	\$1,000 per person
Family Coverage	\$2,300	\$4,600	None	\$2,000 family maximum
Plan Pays	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital	100% after deductible	70% of Preferred Provider Allowance after deductible	75%	50% of Preferred Provider Allowance after deductible
Most Other Covered Services	90% after deductible	70% of Preferred Provider Allowance after deductible	75%	50% of Preferred Provider Allowance after deductible
Prescription Drugs Retail (Acute medications or 90-day maintenance medications)	75% after deductible	No Coverage	65%	No Coverage
Home Delivery Prescriptions (90-day supply)	75% after deductible	No Coverage	Generic – 100% after \$30 co-pay Brand – 100% after \$90 co-pay	No Coverage
Preventative Care 100% (No Deductible) Up to \$600 Annually Per Covered Individual				
Annual Out-of-Pocket Maximum for Covered Expenses (Including Deductible)				
Employee Only	\$2,800 per person	\$5,600 per person	\$3,000 per person	\$7,000 per person
Family	\$5,600 family coverage	\$11,200 family coverage	\$6,000 family maximum	\$12,000 family maximum

Dental

The Koch Dental Plan offers three options. Each option has a different monthly cost and covered expenses to match your needs.

Eligibility

Most full-time employees are eligible to elect participation in the Dental Plan.

Dental Options	DEN 1	DEN 2	DEN 3
Monthly Price			
Employee	\$11.05	\$9.40	\$6.90
Spouse	\$14.60	\$11.10	\$6.85
Per Child	\$5.70	\$4.40	\$1.75
Annual Deductible			
Per Person	\$50	\$50	\$50
Per Family	\$150	\$150	\$150
Plan Pays (after deductible) \$1,500 Annual Maximum Benefit			
Preventative Expenses	100% (No Deductible)	75% (Subject to Deductible)	75% (Subject to Deductible)
Basic Expenses	80%	75%	75%
Major Expenses	50%	75%	75%
Orthodontics (\$1,500 Lifetime Maximum)	50%	75%	No Coverage

Detailed information about each plan option can be found in the Dental section of your Benefit Binder.

Preventative Expenses generally include oral examinations, cleanings, X-rays, fluoride treatments and sealants.

Basic Expenses generally include most fillings, tooth extraction, repairs to dentures and bridges, root canal therapy, scaling and root planing, non-surgical periodontal services, space maintainers, and oral surgery.

Major Expenses generally include crowns, dentures, fixed bridges, surgical periodontal services and services requiring the use of gold. A six month waiting period applies to new coverage.

Orthodontic Expenses generally include care and treatment for the purpose of alignment of teeth, for example braces. If you have already started treatment prior to your effective date, your services will not be covered. A six month waiting period applies to new coverage.

Vision

Eligibility

The Koch Vision Plan is available to most full-time employees.

A few types of eye care services covered under the vision benefit include: eye examinations, lenses and frames.

Please refer to your Summary Plan Description for coverage amounts.

Coverage Level	Monthly Pre-Tax Premium
Employee Only	\$9.20
Employee and Spouse	\$19.74
Employee and Child(ren)	\$18.78
Employee, Spouse, and Child(ren)	\$29.32

Reimbursement Accounts

Eligibility

Most full-time employees are eligible to participate in the Health Care Reimbursement Account (HCRA). Both full-time and part-time employees are eligible to participate in the Dependent Care Reimbursement Account (DCRA).

Traditional Health Care Reimbursement Account

If you elect this option, you are not eligible to contribute to a Health Savings Account (HSA).

Medical, Dental and Vision expenses and Over-the-Counter Medications.

Limited Health Care Reimbursement Account

If you elect this option, you may be eligible to contribute to a Health Savings Account (HSA).

Dental and Vision expenses.

Health Care Reimbursement Account (HCRA)

Two different Health Care Reimbursement Accounts (HCRA's) are offered (see left). Each year you may contribute up to \$5,000 of your annual pay to either of these accounts to be used for eligible expenses. Expenses may be incurred by you or an eligible family member. Please review the differences carefully before enrolling.

Dependent Care Reimbursement Account (DCRA)

This account may be used for qualifying child care or day care for dependent adults. Each year you can generally contribute up to \$5,000 of your annual pay to this account on a pre-tax basis. IRS limits apply based on your tax filing status.

Life Insurance

Eligibility

Most full-time employees are eligible to elect participation in the following Life Insurance Plans. If participation is not elected within 30 days after your first eligibility date, you will be required to provide evidence of insurability for approval by the insurance company.

Primary Life Insurance

Coverage Options:

- 1, 2, 3 or 4 times Base Annual Pay or a flat \$50,000
- The maximum you can elect is four (4) times your Base Annual Pay

Monthly Cost to Employee

\$.063 per \$1,000 of coverage

Voluntary Life Insurance

- You must elect the maximum allowable under Primary Life to be eligible for this coverage.
- Coverage is elected in multiples of Base Annual Pay. Combined maximum of Primary and Voluntary Life coverage is 10 times your Base Annual Pay.
- Plan maximum for Primary and Voluntary Life coverage is \$2,500,000.
- Primary and Voluntary Life coverage exceeding \$1,000,000 is subject to evidence of insurability and approval by the insurance company.

Age	Rate per \$1,000
Under 35	\$.073
35-39	\$.082
40-44	\$.091
45-49	\$.137
50-54	\$.210
55-59	\$.392
60-64	\$.602
65-69	\$1.158
70-74	\$1.879

Dependent Life Insurance

You must be participating in Primary Life Insurance to elect this coverage.

Covering	Spouse	Children Only	Spouse and Children
Death Benefit	\$10,000	\$5,000/child	\$10,000 spouse, \$5,000/child
Monthly Price	\$1.43	\$0.72	\$2.15

Accidental Death & Dismemberment (AD&D)

Monthly Cost to Employee

Employee Only
\$.023 per \$1,000 Principal Sum

Employee & Family
\$.038 per \$1,000 Principal Sum

Eligibility

Most full-time employees are eligible to elect participation in the Accidental Death & Dismemberment (AD&D) Plan.

Coverage:

- Elected in \$25,000 increments
- The maximum Principal Sum you may elect is \$500,000
- However, you may only choose an amount greater than \$150,000 if the total amount does not exceed five (5) times your Base Annual Pay

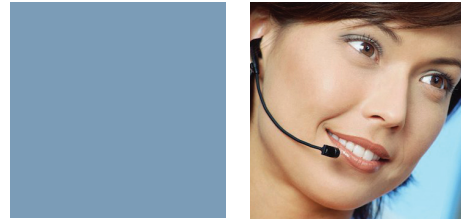
Lower Principal Sum is available to your family members (see Benefit Binder for more details). Benefits are payable for death and certain other types of losses if they result from and occur within one year of a covered accident. The specific amount of the benefit would range from 15% to 100% of your Principal Sum, depending on the specific type of loss.

Business Travel Accident Coverage

Your Koch company provides a Business Travel Accident policy which covers all full-time, part-time and temporary employees under contract with the company for covered injury including death sustained while traveling on business.

Educational Assistance

As a full-time employee, with one year of service and 1,000 hours worked, you may be eligible for Educational Assistance. You will be reimbursed for Covered Costs associated with an Educational Course that is approved for reimbursement by the Plan Administrator. This benefit provides a maximum benefit of \$4,000 per plan year. Please see SPD for additional requirements.



Disability Plans

Eligibility

Most full-time employees are eligible to participate in the Disability Plans. If participation is not elected within 30 days after your first eligibility date, you will be required to provide evidence of insurability for approval by the insurance company.

Monthly Cost to Employee

\$.22 per \$100 of
base monthly salary

Short-Term (STD)

This benefit bridges the gap to Long-Term Disability.

- Weekly income of 60% of weekly base salary (offsets may apply – refer to your Benefit Binder)
- Benefits begin on the later of:
 - the day after you have used all of your accrued sick leave, or
 - the 8th consecutive calendar day of absence

Monthly Cost to Employee

\$.20 per \$100 of
base monthly salary

Long-Term (LTD)

- Monthly income of 60% of monthly base salary (offsets may apply – refer to your Benefit Binder) up to \$25,000 maximum per month
- Benefits begin on 181st day of a qualifying disability and are payable for duration based on the schedule located in your Benefit Binder or online at <http://employees.kochind.com>

Savings Plan

When you choose to participate in the Koch Industries Employees' Savings Plan, you may contribute between 1% and 75% of your eligible pay as a percentage of pay or a flat-dollar amount up to certain government limits. After your first year of service with 1,000 hours, for every \$1.00 that you contribute up to 6% of each paycheck, your Koch company contributes \$1.00. You become 20% vested in your company's contributions after each year of vesting service until you reach 100% after 5 years of vesting service.

Eligibility

Most full-time or part-time employees are eligible to participate in the Savings Plan immediately.

Pension Plan

Employees become eligible for participation in the pension plan on the 1st of the month following one year's service in which they work at least 1,000 hours. The plan is funded by the Company with no contributions from the participants.

- **Vesting** - You are 100% vested after completing 5 years of vesting service
- **Normal Retirement** - Age 65
- **Early Retirement** - After 55 with 10 years vesting service: 1/2% per month reduction
- **Normal Benefit Formula** - $1.25\% \times \text{Years of service} \times \text{Average monthly pay based on average of base pay for highest three of last ten calendar years.}$

ANY CONFLICT BETWEEN THIS SUMMARY AND THE BENEFIT PLAN DOCUMENTS SHALL BE CONTROLLED BY THE PLAN DOCUMENTS.

Koch Industries, Inc. reserves the right to make changes in the benefits, costs and other provisions relative to employee benefits or to terminate any benefit plan or program offered to employees at any time.