

Highlights of the

Benefit Programs

for

### Kirby Inland Marine Vessel Employees

**January 1, 2020** 

<b>BENEFIT</b>	ELIGIBILITY	EMPLOYEE COST	BENEFIT COVERAGE
Basic Life/Accidental Death & Dismemberment	Full time regular employees: 1 <sup>st</sup> day of the month following 30 days of employment.	No cost to the employee	One times your current annual earnings up to \$400,000.
Supplemental Life Insurance	Full time regular employees: 1* day of the month following 30 days of employment.	Available within enrollment website	\$25,000 - \$500,000 coverage not to exceed 5x an employee's salary.
Dependent Spouse Life Insurance	Full time regular employees: 1* day of the month following 30 days of employment.	Available within enrollment website	\$10,000 - \$50,000 coverage, not to exceed 50% of an employee's supplemental life insurance coverage amount. An employee must also elect at least \$25,000 coverage in order to be eligible.
Dependent Child Life Insurance	Full time regular employees: 1* day of the month following 30 days of employment.	Available within enrollment website	\$5,000 coverage for each dependent child (at least 2 weeks old). An employee must elect at least \$25,000 supplemental life insurance in order to be eligible.
Business Travel Accidental Insurance	Full time regular employees: 1* day of the month following 30 days of employment.	No cost to the employee	\$100,000 coverage while traveling on company business. The policy includes coverage while commuting between home and the assigned vessel.
Supplemental Accidental Death & Dismemberment Insurance	Full time regular employees: 1* day of the month following 30 days of employment.	Available within enrollment website	\$25,000 - \$300,000 coverage for either Employee only or Employee and Family.
Short Term Disability	Full time regular employees: 1* day of the month following 30 days of employment.	No cost to the employee	Non-work related disabilities: 30 day waiting period, 60% of base pay for up to 5 months.  Work related disabilities: see light duty program description.
Long Term Disability	Full time regular employees: 1* day of the month following 30 days of employment.	No cost to the employee	This policy provides an income benefit of 60% of base pay reduced by other disability income; there is a 180-day waiting period.
Voluntary Benefit Enhancer Bundle	Full time regular employees: 1st day of the month following 30 days of employment.	Available within enrollment website for age- specific rates	The Voluntary Benefit Enhancer Bundle is comprised of Critical Illness and Accident Insurance. There is a choice of two comprehensive plans for each which provides payments in addition to any other insurance payments you may receive.

BENEFIT ELIGII	BILITY EMPLOYEE	BENEFIT COVERAGE
Health Care: Optional Medical Plan  Full time employee of the monfollowing of employ	REMILITY  COST  regular s: 1st day nth a0 days  EMPLOYEE COST  Available within enrollment website	This Plan covers medically necessary services. The Plan utilizes the BCBS Blue Choice Network.  Optional Plan:  S1125 individual deductible S2750 family deductible After the deductible has been met the plan pays 80% S4125 individual maximum out-of-pocket S9375 family maximum out-of-pocket Physician office visits (In-network): S30 office co-pay - Primary Care Physician S45 office co-pay - Specialist  Emergency Room Co-Pay S200 office co-pay, then deductible and 20% co-insurance  Out-of-network: Services provided by a non-network provider are subject to three times the normal deductible and maximum out-of-pocket and 45% co-insurance.  Prescription Drugs (Network Level Benefits): Participants must use participating pharmacies for the following benefits: 30 day supply: Tier 1- Generic: \$12 co-pay Tier 2- Preferred: \$35 co-pay Tier 3- Non-Preferred: \$60 co-pay Tier 4-Specialty: \$250 Max. Mail Order (90 day maximum): Tier 1- Generic: \$30 co-pay Tier 2- Preferred: \$87.50 co-pay Tier 3- Non-Preferred: \$150 co-pay Tier 3- Non-Preferred: \$250 may Tier 3- Non-Pre

Full time regular employees: 1st day of the month following 30 days of employment.	EMPLOYEE COST  Available within enrollment website	BENEFIT COVERAGE  This Plan covers medically necessary services. The Plan utilizes the BCBS Blue Choice Network.  CDH PPO Plan:
employees: 1 <sup>st</sup> day of the month following 30 days	Available within enrollment	Blue Choice Network.  CDH PPO Plan:
		<ul> <li>\$2500 employee only deductible,</li> <li>\$4500 employee + dependent deductible</li> <li>After the deductible has been met the plan pays 80%</li> <li>\$4500 individual maximum out-of-pocket</li> <li>\$9000 family maximum out-of-pocket</li> <li>Primary/Specialist Physician office visits (In-network):</li> <li>20% after deductible</li> <li>Emergency Room visit</li> <li>20% after deductible</li> <li>Out-of-network:</li> <li>Services provided by a non-network provider are subject to three times the normal deductible and maximum out-of-pocket and 40% coinsurance.</li> <li>Prescription Drugs (Network Level Benefits):</li> <li>20% after deductible</li> <li>Preventive Benefits</li> <li>All expenses paid at 100% including, but not limited to, well woman exams, cholesterol screening, mammograms, colonoscopy, prostate exam, etc. The Covered Services are based on age appropriateness of the service and subject to standard of care.</li> <li>Wellness Incentive</li> <li>If an Employee completes the requirements of the "Know Your Numbers Program", they will receive a \$20 premium credit per month for one year, and if their Spouse completes the same program the Employee will receive an additional \$20 premium credit per month for one year</li> </ul>

BENEFIT	ELIGIBILITY	<b>EMPLOYEE</b>	BENEFIT COVERAGE
Health Care: Dental Plan	Full time regular employees: 1st day of the month following 30 days of employment.	Available within enrollment website	The Plan covers some dental services and will pay up to a maximum of \$1000 per calendar year for preventive and restorative treatment, and up to a maximum of \$1500 lifetime for each dependent child's orthodontic treatment.  Preventive Services:  • The Plan pays 100%.  Basic Services (Fillings, etc.):  • Deductible: \$50 per individual, \$100 family  • The Plan pays 80% co-insurance  Major Services (Crowns, etc.):  • Deductible: \$50 per individual, \$100 family  • The Plan pays 50% co-insurance  Orthodontic Services:  • Covers dependents < age 19  • No deductible  • The Plan pays 50% co-insurance  • Maximum benefit is \$1500 per eligible dependent child.
Health Care: Vision Plan:	Full time regular employees: 1st day of the month following 30 days of employment.	Available within enrollment website	In-network benefits, subject to co-pay, include a comprehensive exam, eye glasses with standard single vision, lined bifocal, or lined trifocal lenses, standard scratch-resistant coating and the frame. Contact lenses may be selected in lieu of eye glasses.  Copays for in-network services:  Exam \$10, Material \$25  Benefit Frequency:  Exam and spectacle lenses - 12 months  Frame Senefit:  \$130 frame allowance  Lens Option:  Standard scratch-resistant coating, Polycarbonate lenses covered in full.  Contact lens, Laser vision and Out-of-Network benefits are also available, see the SPD for details

BENEFIT	ELIGIBILITY	EMPLOYEE COST	BENEFIT COVERAGE
Flexible Spending Account	Full time regular employees: 1* day of the month following 30 days of employment.	Employees save money by deferring taxable income.	Employees may defer up to \$5,000 of base pay for qualified dependent child care expenses and/or up to \$2,700 for qualified health care expenses.  The FSA program allows you to pay for expenses with tax-free dollars. Two accounts are available:  • Health Care FSA - for medical, dental and vision expenses not covered by insurance, and  • Dependent/Elder Care FSA - for eligible dependent and elder care expenses  You may enroll in one or both accounts if you enroll in the Optional Plan. If you enroll in the CDHP, you may enroll in the Dependent Care FSA, but you may not enroll in the Health Care FSA since you will be enrolled in a Health Savings Account.  You decide how much you want to set aside for expenses during the year. You make a separate election for each account. The amount you choose is deducted on a pre-tax basis from your paycheck in equal amounts during the year.  In the event there are unused funds in your Health Care FSA account at the end of the plan year, you may rollover \$500 for use in the following year.
Health Savings Account (HSA)  (CDHP Participants ONLY)	Full time regular employees: 1st day of the month following 30 days of employment.	Employees save money by deferring taxable income.	The Company will contribute \$500 for individual coverage and \$1000 for dependent or family coverage to your HSA account. If you have individual coverage, you may contribute an additional \$3050. Employees with dependent or family coverage may contribute an additional \$6100.  An HSA is a financial account that you can use to accumulate tax-free funds to pay for qualified health care expenses, plus you have coverage from the medical, dental and vision plans. The account is like a regular checking account with an HSA debit card and the account accrues investment income.  All money in the account is owned by you and is fully vested as soon as it is deposited. Funds can accumulate over time and the account is always yours to keep, even if you leave the company or change medical plans. If you use the funds to pay for qualified health care expenses, you will pay no taxes.  If you use the money for other expenses, you are subject to an income tax and penalty fee.

ELIGIBILITY	EMPLOYEE COST	<u> </u>	BENEFIT COVERAG	<u>7L</u>
All regular employees with three months of service.	Employees save money by deferring taxable	the payroll period followin will be automatically enroe Employees, those generall 17%. The IRS deferral lim 50 can make additional "contribution with tax defection w	ng the completion of the olled at 3% contributions ly earning \$120,000 (20 nit is \$19,500. In additionated up" contributions  100% of the first 3% or red dollars each pay perfect the first 3% or red dollars each pay perfect the company contribution on the investment of their tribution and re-allocated Trading Policy. Investment funds, 10 tayou may allocate your do on a daily basis. Empor the internet. Quarter from their account and res, at an interest rate of	aree months of service. You have rate. Highly Compensated 020) or more are limited to on, employees at least age of up to \$6,500.  If the employee's eriod.  If the employee's
All full time regular employees		an annual maximum of \$1 charity must be nondenon	,000, to a qualified cha ninational, meet IRS co	aritable organization. The
All full time regular employees (excluding officers and VPs) with one year of service.		participate up to and inclu birthday. The maximum s the Spring semester and \$ be available for scholarshi	iding the semester in which old in the cholarship amount for comparison of the Fall semestips each year. Applications	hich they reach their 23 <sub>rd</sub> each student is \$750 for er. A total of \$150,000 will
	All full time regular employees (excluding officers and VPs) with one year of	All full time regular employees (excluding officers and VPs) with one year of	All regular employees with three months of service.  Employees save money by deferring taxable  Employees, those general 17%. The IRS deferral lin 50 can make additional "Company Watching Cont The Company will match contribution with tax defe Discretionary Company Compa	All regular employees with three months of service.  Employees save money by deservice.  Employees save money by deservice.  Eligible participants will be automatically enroll the payroll period following the completion of the will be automatically enrolled at 3% contribution Employees, those generally earning \$120,000 (2 17%. The IRS deferral limit is \$19,500. In addition of the case and the payroll period following the completion of the will be automatically enrolled at 3% contributions. Employees, those generally earning \$120,000 (2 17%. The IRS deferral limit is \$19,500. In addition of the Company will match 100% of the first 3% of contribution with tax deferred dollars each pay pour possible to participate in the Kirb for a 5% discretionary Company Contribution on the vesting schedule for the Company on the Vesting schedule for the Company contribution on the Vesting schedule for the Company and ching contribution on the Vesting schedule for the Company matching contribution on the Vesting schedule for the Company contribution on the Vesting schedule for the Company and ching contribution on the Vesting schedule for the Vesting schedule

### Kirby Inland Marine - Vessel Employees

### Benefit Package Highlights Effective January 1, 2020

BENEFIT	ELIGIBILITY	<b>EMPLOYEE</b>	BENEFIT COVERAGE
		COST	
Service Recognition	All full time regular employees		In recognition of employee's contribution to the company's success awards are granted as follows:
			Years of ServiceAward5 yearsLapel Pin/Tie Tack10 yearsLapel Pin/Tie Tack w/ Ruby15 yearsLapel Pin/Tie Tack w/ Sapphire20 yearsLapel Pin/Tie Tack w/ Diamond25 yearsWatch30 yearsKirby Stock valued at \$1000(same stock award for each additional 5 years)
Paid Holidays	All full time regular employees		If you work either all or a portion of New Year's Day, Thanksgiving Day or Christmas Day, the company will pay you that same portion of a regular day's pay.
Bereavement Pay	All full time regular employees		In the event of the death of an employee's immediate family member, during which time the employee is at work, up to three (3) days leave with pay will be granted (see policy for definition).
Annual Incentive Plan	Wheelhouse Employees		Wheelhouse employees participate in the Annual Incentive Plan. See the Annual Incentive Plan Description for additional information.
Special Recognition Awards	Engineer/Deck Employees		Engineer and Deck employees are eligible to receive Special Recognition Awards that reward individual performance. These awards are paid on a quarterly basis. See the Plan Description for additional information.

This document contains some highlights of the Company's policies and programs. In the event of a discrepancy between this document and the actual policy, the policy will be the governing document. The Company reserves the right to amend or discontinue any policy or program, including those described in this document, at any time with approval by the Kirby Management Executive Committee. If you are uncertain about any policy or program please check with your supervisor.