



2025 Benefits at a Glance

Semi-Monthly Contributions

2025 Simplot Health Plan

	Medical		Dental	Vision
Employee Only	Discounted ¹	\$15.50	\$5.25	\$2.85
	Standard	\$46.50		
Employee + Spouse	Discounted ¹	\$103.25	\$16.25	\$8.10
	Standard	\$166.50		
Employee + Child(ren)	Discounted ¹	\$71.00	\$16.25	\$8.10
	Standard	\$102.00		
Employee + Spouse + Child(ren)	Discounted ¹	\$160.00	\$27.25	\$14.35
	Standard	\$222.00		

¹ Employees and their dependents who meet the criteria for not using tobacco or vaping products will receive the discount. If you are unable to meet the criteria for not using tobacco or vaping products, you may contact the Simplot Benefits Service Center at **800-254-3252**, and we will work with you (and your physician, if you wish) to find an opportunity to earn the same discount by different means.

Medical Overview

CLAIMS ADMINISTRATOR: BLUE CROSS OF IDAHO

		In-Network	Out-of-Network
Deductible	Individual	\$1,800	\$3,300
	Family	\$3,400	\$6,400
Coinsurance (after deductible)	You pay	20%	40%
	Simplot pays	80%	60%
Preventive Care	You pay	0%	40% ¹
	Simplot pays	100%	60% ¹
Out-of-Pocket Maximum ²	Individual	\$4,300	\$8,300
	Family	\$8,400 ³	\$16,400

¹ Preventive care received from an out-of-network provider is subject to deductible and coinsurance.

² In-network services don't apply to the out-of-network out-of-pocket maximum. But, if you use an out-of-network provider, it will count toward the in-network out-of-pocket maximum.

³ Once the in-network out-of-pocket costs for an individual reach \$6,850, additional covered services for that individual are paid 100 percent.

Explore. Engage. Enroll.

Medical: Your Share of the Cost for Care

WHAT YOU PAY
(coinsurance applies after deductible)

Common Medical Event	Services You May Need	In-Network	Out-of-Network
If you visit a health care provider's office or a clinic	<ul style="list-style-type: none"> • Primary care visit to treat an injury or illness • Specialist visit • Other practitioner office visits (visits for alternative therapy such as chiropractic care, acupuncture and therapeutic massage are limited to a combined total of 30 visits per participant per year) 	20%	40%
If you receive preventive services Age, gender & frequency limits apply	<ul style="list-style-type: none"> • Well-baby/child visit • Colonoscopy • Mammogram • Annual wellness exam 	\$0	40% ¹
If you have a test	<ul style="list-style-type: none"> • Diagnostic test (X-ray, blood work) • Imaging (CT/PET scan, MRI) 	20%	40%
If you have outpatient surgery	<ul style="list-style-type: none"> • Facility fee (e.g., ambulatory surgery center) • Physician/surgeon fee 	20%	40%
If you need immediate medical attention	<ul style="list-style-type: none"> • Emergency room visit • Ground ambulance services • Urgent care visit 	20%	40% ²
If you have a hospital stay	<ul style="list-style-type: none"> • Facility fee (e.g., hospital room); prior authorization required except for emergency and maternity care • Physician/surgeon fee 	20%	40%
If you receive mental health, behavioral health or substance use services	<ul style="list-style-type: none"> • Mental/behavioral health outpatient and inpatient services (prior authorization required for inpatient) • Substance use outpatient and inpatient services (prior authorization required for inpatient) 	20%	40%
If you are pregnant	<ul style="list-style-type: none"> • Prenatal and postnatal care • Delivery and all inpatient services 	20%	40%
If you need help recovering or have other special health needs	<ul style="list-style-type: none"> • Home health care (limited to 100 days per year) • Rehabilitation services • Skilled nursing facility (limited to 120 days per year) • Durable medical equipment • Hospice services 	20%	40%

¹ After deductible

² If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, services will be covered the same as in-network.

Prescription Drugs

CLAIMS ADMINISTRATOR: BLUE CROSS OF IDAHO RX

		In-Network	Out-of-Network
Preventive Contraceptives, smoking cessation medications, medications for chronic conditions (including insulin and medications for high blood pressure or high cholesterol) and others as required by the Affordable Care Act	You pay	\$0	No coverage
	Simplot pays	100%	
Tier 1 Generic & Tier 2 Preferred Brand Formulary	You pay	20% after deductible	
	Simplot pays	Remainder	
Tier 3 Non-Preferred Brand	You pay	30% after deductible	
	Simplot pays	Remainder	

HealthEquity HSA

If you are enrolled in the Simplot Medical Program, you may be eligible to open a HealthEquity Health Savings Account (HSA). You choose how much you want to contribute to your HSA, up to IRS limits, and Simplot will also contribute up to \$750 (individual) or \$950 (family) as outlined below.

	Requirements
\$300 Simplot Contribution	Deposited in January or upon account opening .
\$250 Matching Contribution	Simplot will match your contributions dollar for dollar, up to a maximum of \$250 for the year. You must contribute to get the match.
\$200 Employee Wellness Contribution	When you complete the Sharecare RealAge test and have one eligible preventive screening visit by October 31, 2025 .
\$200 Spouse Wellness Contribution	When your enrolled spouse completes the Sharecare RealAge test and has one eligible preventive screening visit by October 31, 2025 .

The information regarding the HealthEquity Health Savings Account (HSA) is for educational purposes only. While Simplot may contribute to the HealthEquity HSA on behalf of its employees, the HealthEquity HSA is not sponsored by Simplot or part of the J.R. Simplot Company Group Health & Welfare Plan, and Simplot is not responsible for HealthEquity HSA administration. Questions regarding the administration of the HealthEquity HSA should be directed to HealthEquity at **877-629-8234**.

HSA Contribution Limits

	IRS Limit	Maximum Company, Matching and Wellness Contributions from Simplot	Maximum Amount You Can Contribute in 2025
Individual	\$4,300	\$750	\$3,550 (\$4,550 age 55 or older)
Family	\$8,550	\$950	\$7,600 (\$8,600 age 55 or older)

The IRS limits the amount that may be contributed to an HSA each year. This includes money Simplot contributes on your behalf. **As a result, the maximum amount you can contribute for 2025 is \$3,550 per individual and \$7,600 per family (plus \$1,000 if you're at least age 55).** Annual limits may be prorated if you are not eligible for the full calendar year.

Dental

CLAIMS ADMINISTRATOR: BLUE CROSS OF IDAHO

Deductible	Preventive dental covered services and orthodontic services	\$0
	Individual basic and major procedures (combined) each calendar year	\$50
Maximum	Individual for all services (excluding orthodontia) each calendar year	\$2,000
	Individual orthodontia lifetime maximum	\$2,000
Services You May Need	What You Pay In-Network¹ (coinsurance applies after deductible)	
If you visit a dentist	Preventive dental covered services (e.g., oral exams, cleanings — two per calendar year)	\$0
	Basic procedure (e.g., fillings, extractions)	20%
	Major and restorative procedures (e.g., bridges, inlays, onlays)	50%
If your dependent child visits an orthodontist	Orthodontia care (waiting period of 12 consecutive months of coverage applies)	50%

¹ Out-of-network services are subject to a maximum allowance, which is the maximum dollar amount paid toward the cost of a dental service.

Vision

CLAIMS ADMINISTRATOR: VSP

	In-Network ¹	Out-of-Network ¹
Eye Exam	Paid at 100%	\$50 allowance
Lenses	\$10 copay for all lens types	ALLOWANCE: Single vision \$30 Bifocal or progressive \$50 Trifocal \$65
Frames Allowance	\$150	\$70
Contact Lens Allowance	\$150	\$105

¹ Certain restrictions and other discounts may apply. Please review the Vision Program Document on [simplotbenefits.com](https://www.simplotbenefits.com) for full details.

Learn More

This Benefits at a Glance provides a brief overview of your Simplot benefits.
But we offer so much more! Explore them all at [simplotbenefits.com](https://www.simplotbenefits.com).

This document is for summary purposes and provides general information only. The J.R. Simplot Company Group Health and Welfare Plan ("Plan") governs the benefit programs available to J.R. Simplot Company employees. To receive a copy of the Plan document or Summary Plan Description, please contact the Simplot Benefit Service Center. In the event of any conflict between the Plan document and this document (or the Plan document and the Summary Plan Description), the terms of the Plan document shall control.