

Benefit Information Reference Sheet

Benefit

Individuals may not be eligible for or enrolled in each program outlined below

Event:

Voluntary Termination, Involuntary Termination, Transfer to Ineligible Benefit Status, Reduced Hours of Employment, Reduction in Force, Plant Closure, Strike

Simplot Medical
Program (including
prescription),
Simplot Dental
Program, Simplot
Vision Program, EAP
Program and
associated Premium
Payment Program

ACTIVE EMPLOYEE PARTICIPATION ENDS: End of the month in which event occurs. If participant starts a program of EAP counseling visits before coverage termination, they have 90 days to complete the program.

CONTINUATION OR CONVERSION: COBRA available as described in Summary Plan Description. If termination results from Reduction in Force or Plant Closure, COBRA, with the exception of EAP, will be paid in part by J.R. Simplot Company for the first three months. For this three month period, the Employee's contribution will continue to be the active coverage rate, converted to a per-month basis plus 2% administration fee.

REINSTATEMENT: Coverage will be reinstated the first of the month following return to active work, provided the Employee returns within 30 days of the date of loss of coverage in a benefit eligible classification. Initial eligibility requirements apply if return to work occurs in excess of 30 days following loss of coverage.

Lathrop Union
Kaiser HMO
Program (including
prescription) and
associated Premium
Payment Program

ACTIVE EMPLOYEE PARTICIPATION ENDS: End of the month in which event occurs. CONTINUATION OR CONVERSION: COBRA available as described in the Evidence of Coverage or benefit booklet. If termination results from Reduction in Force or Plant Closure, COBRA will be paid in part by J.R. Simplot Company for the first three months. For this three month period, the Employee's contribution will continue to be the active coverage rate, converted to a per-month basis plus 2% administration fee.

REINSTATEMENT: Coverage will be reinstated the first of the month following return to active work, provided the Employee returns within 30 days of the date of loss of coverage in a benefit eligible classification. Initial eligibility requirements apply if return to work occurs in excess of 30 days following loss of coverage.

Hawaii Kaiser HMO Program (medical, prescription, dental and vision) and associated Premium Payment Program ACTIVE EMPLOYEE PARTICIPATION ENDS: End of the month in which event occurs. CONTINUATION OR CONVERSION: COBRA available as described in the HMO Group Service Agreement. If termination results from Reduction in Force or Plant Closure, COBRA will be paid in part by J.R. Simplot Company for the first three months. For this three month period, the Employee's contribution will continue to be the active coverage rate, converted to a per-month basis plus 2% administration fee.

REINSTATEMENT: Coverage will be reinstated the first of the month following return

REINSTATEMENT: Coverage will be reinstated the first of the month following return to active work, provided the Employee returns within 30 days of the date of loss of coverage in a benefit eligible classification. Initial eligibility requirements apply if return to work occurs in excess of 30 days following loss of coverage.

HMAA Program (medical, prescription, dental and vision) and associated Premium Payment Program ACTIVE EMPLOYEE PARTICIPATION ENDS: End of the month in which event occurs. CONTINUATION OR CONVERSION: COBRA available as described in the Description of Coverage. If termination results from Reduction in Force or Plant Closure, COBRA will be paid in part by J.R. Simplot Company for the first three months. For this three month period, the Employee's contribution will continue to be the active coverage rate, converted to a per-month basis plus 2% administration fee.

REINSTATEMENT: Coverage will be reinstated the first of the month following return to active work, provided the Employee returns within 30 days of the date of loss of coverage in a benefit eligible classification. Initial eligibility requirements apply if return to work occurs in excess of 30 days following loss of coverage.

This reference sheet is intended to supplement the Summary Plan Description (SPD) booklets for the J. R. Simplot Company Group Health & Welfare Plan. It also provides general information on other benefit programs available to J. R. Simplot Company employees. If there is a difference between this sheet and the applicable SPD or insurance contract(s), the latter will prevail. This sheet may change to align with plan, program, policy, or contract changes. To receive a copy of the most recent document, please contact the Simplot Benefit Service Center. This document effective date is January 1, 2024.



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International	ACTIVE EMPLOYEE PARTICIPATION ENDS: End of the month in which event occurs.
Welfare Benefit and	CONTINUATION OR CONVERSION: COBRA available as described in the Group Plan
associated Premium	booklet. If termination results from Reduction in Force or Plant Closure, COBRA will be
Payment Program	paid by J. R. Simplot Company for the first three months.
	REINSTATEMENT: Coverage will be reinstated the first of the month following return
	to active work, provided the Employee returns within 30 days of the date of loss of
	coverage in a benefit eligible classification. Initial eligibility requirements apply if return
	to work occurs in excess of 30 days following loss of coverage.
Dependent Care	ACTIVE EMPLOYEE PARTICIPATION ENDS: End of the month in which the event
Reimbursement	occurs. Claims for reimbursement must be made no later than 30 days following
Account	termination.
	CONTINUATION OR CONVERSION: Not applicable.
	REINSTATEMENT: Prior elections will be reinstated the first of the month following
	return to active work, provided the Employee returns within 30 days of the date of loss
	of coverage in a benefit eligible classification. Initial eligibility requirements apply if
	return to work occurs in excess of 30 days following loss of coverage.
Health Savings	ACTIVE EMPLOYEE PARTICIPATION ENDS: End of the month in which event occurs.
Account (HSA)	CONTINUATION OR CONVERSION: Participation continues as an individual account
	and may be subject to administrative fees. If you no longer have coverage under an
	HSA eligible medical plan, proration of annual contribution limit may apply.
	REINSTATEMENT: Coverage will be reinstated the first of the month following return
	to active work, provided the Employee returns within 30 days of the date of loss of
	coverage in a benefit eligible classification an is enrolled in the Simplot Medical
	Program. Initial eligibility requirements apply if return to work occurs in excess of 30
Danie I if a seed	days following loss of coverage.
Basic Life and Accidental Death &	ACTIVE EMPLOYEE PARTICIPATION ENDS: End of the month in which event occurs.
Dismemberment	CONTINUATION, CONVERSION OR PORTABILITY: Conversion or portability options
(AD&D) Insurance	may be available, subject to the requirements described in the Certificate of Coverage. Apply within 31 days of coverage end date with Standard Insurance Company. If
(AD&D) illisurance	termination is due to employee's disability, the employee may apply for an extension of
	life insurance coverage as described in the Certificate of Coverage.
	REINSTATEMENT: Coverage will be reinstated the first of the month following return
	to active work, provided the Employee returns within 30 days of the date of loss of
	coverage in a benefit eligible classification. Initial eligibility requirements apply if return
	to work occurs in excess of 30 days following loss of coverage.



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Voluntary Life and	ACTIVE EMPLOYEE PARTICIPATION ENDS: End of the month in which event occurs.
AD&D Insurance	CONTINUATION, CONVERSION OR PORTABILITY: Conversion or portability options
	may be available for the Employee, spouse and children subject to the requirements
	described in the Certificate of Coverage. Apply within 31 days of coverage end date
	with Standard Insurance Company. If termination is due to employee's disability, the
	employee may apply for an extension of life insurance coverage as described in the
	Certificate of Coverage.
	REINSTATEMENT: Coverage will be reinstated the first of the month following return
	to active work, provided the Employee returns within 30 days of the date of loss of
	coverage in a benefit eligible classification. Initial eligibility requirements apply if return
	to work occurs in excess of 30 days following loss of coverage.
Disability Pay	ACTIVE EMPLOYEE PARTICIPATION ENDS: Date of event.
	CONTINUATION OR CONVERSION: Not applicable.
	REINSTATEMENT: Coverage will be reinstated the first of the month following return
	to active work, provided the Employee returns within 30 days of the date of loss of
	coverage in a benefit eligible classification. Initial eligibility requirements apply if return
	to work occurs in excess of 30 days following loss of coverage.
Long Term Disability	ACTIVE EMPLOYEE PARTICIPATION ENDS: End of the month in which event occurs.
	CONTINUATION OR CONVERSION: Conversion option available, if Employee has been
	enrolled for 12 months. Apply within 31 days of coverage end date with the Standard
	Insurance Company.
	REINSTATEMENT: Coverage will be reinstated the first of the month following return
	to active work, provided the Employee returns within 30 days of the date of loss of
	coverage in a benefit eligible classification. Initial eligibility requirements apply if return
	to work occurs in excess of 30 days following loss of coverage.
Retirement Savings	RETIREMENT SAVINGS PLAN: For Transfer to Ineligible Benefit Status, Reduced Hours
Plan	of Employment and Strike, employees continue active participation in the savings plan.
	For all other events the Employee's termination date will be sent to T. Rowe Price. If
	the Employee has a vested account balance, a Termination Kit will be sent to the
	Employee's address of record. If the account balance is less than \$5,000.00, the
	Employee will be notified that they will need to remove their money within 30 days of
	the date the termination kit was sent. If the Employee has an outstanding loan,
	arrangements can be made to continue monthly repayments or to pay off the loan in
	full. If arrangements are not made regarding the loan, it will go into default and
	become immediately taxable. The Termination Kit will explain the options that the
	Employee has with their account balance and outstanding loan, if applicable. For
	information regarding this Plan, please contact T. Rowe Price at (800) 922-9945.
Pension Plans	PENSION PLANS: A file is sent once a month that reports terminations to Milliman. If an
	Employee has vested in a pension benefit, Milliman will send the Employee
	communication regarding the benefit approximately 2-3 months after termination. For
	information regarding these Plans, please contact the Milliman Benefits Service Center
	at (877) 270-7377.
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