



## Benefit Information Reference Sheet

<p><b>Benefit</b></p> <p>Individuals may not be eligible for or enrolled in each program outlined below</p>	<p><b>Event:</b></p> <p><b>Not Scheduled to Work or Paid Administrative Leave</b></p>
<p><b>Simplot Medical Program (including prescription), Simplot Dental Program, Simplot Vision Program, EAP Program and associated Premium Payment Program</b></p>	<p><b>ACTIVE EMPLOYEE PARTICIPATION:</b> Coverage continues through the balance of the calendar year for which benefit eligibility has been established or the balance of the approved Administrative Leave period as applicable. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work if necessary.</p>
<p><b>Hawaii Kaiser HMO Program (medical, prescription, dental and vision), EAP Program and associated Premium Payment Program</b></p>	<p><b>ACTIVE EMPLOYEE PARTICIPATION:</b> Coverage continues through the balance of the calendar year for which benefit eligibility has been established or the balance of the approved Administrative Leave period as applicable. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work if necessary.</p>
<p><b>HMAA Program (medical, prescription, dental and vision), EAP Program and associated Premium Payment Program</b></p>	<p><b>ACTIVE EMPLOYEE PARTICIPATION:</b> Coverage continues through the balance of the calendar year for which benefit eligibility has been established or the balance of the approved Administrative Leave period as applicable. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work if necessary.</p>
<p><b>International Welfare Benefit, EAP Program and associated Premium Payment Program</b></p>	<p><b>ACTIVE EMPLOYEE PARTICIPATION:</b> Coverage continues through the balance of the calendar year for which benefit eligibility has been established or the balance of the approved Administrative Leave as applicable. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work if necessary.</p>
<p><b>Dependent Care Reimbursement Account</b></p>	<p><b>ACTIVE EMPLOYEE PARTICIPATION:</b> If the Employee chooses to continue this benefit, participation continues through the balance of the calendar year for which benefit eligibility has been established or the balance of the approved Administrative Leave period as applicable. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work if necessary. The Employee may choose to waive the coverage if the Employee will be off work for more than two consecutive weeks. In this case, the coverage will cease at the end of the month in which the Employee waives the coverage. Upon return to work the Employee may enroll with coverage effective the first of the month following the date you return to work.</p>
<p><b>Health Savings Account (HSA)</b></p>	<p><b>ACTIVE EMPLOYEE PARTICIPATION:</b> Participation continues through the balance of the calendar year for which benefit eligibility has been established or the balance of the approved Administrative Leave period as applicable. Contributions will be made through normal payroll salary reductions.</p>

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, 2025.



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<b>Basic Life and Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</b>	<b>ACTIVE EMPLOYEE PARTICIPATION:</b> Coverage continues for the balance of the calendar year for which benefit eligibility has been established or the balance of the approved Administrative Leave period as applicable.
<b>Voluntary Life and AD&amp;D Insurance</b>	<b>ACTIVE EMPLOYEE PARTICIPATION:</b> Coverage continues through the balance of the calendar year for which benefit eligibility has been established or the balance of the approved Administrative Leave period as applicable. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work if necessary.
<b>Disability Pay</b>	<b>ACTIVE EMPLOYEE PARTICIPATION:</b> Coverage continues through the balance of the calendar year for which benefit eligibility has been established or the balance of the approved Administrative Leave period as applicable.
<b>Long-Term Disability</b>	<b>ACTIVE EMPLOYEE PARTICIPATION:</b> Coverage continues through the balance of the calendar year for which benefit eligibility has been established or the balance of the approved Administrative Leave period as applicable. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the employee's return to work if necessary.
<b>Retirement Savings Plans</b>	<b>RETIREMENT SAVINGS PLAN:</b> As long as employment continues, deferrals will be deducted from eligible pay. If the Employee is eligible for the Retirement Contribution provision (RCP), Company contributions will continue as long as the Employee continues to have eligible earnings. If the Employee has an outstanding loan and a partial loan repayment is deducted due to an insufficient paycheck, T. Rowe Price will refund the repayment amount. The Employee is then responsible for making a manual repayment for the full bi-weekly repayment amount. If no pay is being received, the Employee continues to be responsible for the scheduled repayments. Contact T. Rowe Price at 1-800-922-9945 to request a Loan Repayment Kit for participants on a Leave of Absence. This kit will explain the Employee's options. Payments must be made by a certified check or money order. For more information regarding this Plan, please contact T. Rowe Price.

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## CONTACT INFORMATION

### **COBRA Continuation – Blue Cross of Idaho**

If you want to continue your health coverage through COBRA, return your completed COBRA enrollment form and first monthly payment to Blue Cross of Idaho. If you have other questions regarding the administration of your COBRA coverage, call Blue Cross of Idaho at (855) 216-6850. Blue Cross of Idaho provides COBRA administration services for the Self-Funded Medical, Dental, and Vision Programs, along with the insured, Hawaii Kaiser HMO Program, Hawaii Medical Assurance Association (HMAA) Program, International Welfare Benefits Program, and Employee Assistance Program. **If you and/or your Dependent Qualified Beneficiaries do not elect COBRA continuation coverage by completing and returning the election forms within the 60-day election period, you/they will lose the right to elect COBRA coverage.**

### **Life & AD&D Insurance and Long-Term Disability Insurance - Standard Insurance Company**

If you want to port or convert your life insurance or file for extended life insurance coverage due to a disability, contact Standard Insurance Company toll-free at (844) 289-2307. You must apply to port or convert your life insurance within 31 days after your insurance ends.

If you want to convert your Long-Term Disability insurance, contact Standard Insurance Company toll-free at (844) 289-2307. You must apply to convert your Long-Term Disability insurance within 31 days after your insurance ends.

### **Retirement Savings Plan - T. Rowe Price**

For more information regarding your savings account, please contact T. Rowe Price at (800) 922-9945.

### **Health Savings Account /DCRA - HealthEquity**

For more information regarding your Health Savings Account or Dependent Care Reimbursement Account, please contact HealthEquity at (877) 629-8234.

### **EAP – Spring Health**

For more information, contact Spring Health at [Simplot.springhealth.com](https://simplot.springhealth.com) or call 855-673-1194.

### **General Questions**

If you have any other questions regarding your coverage, please contact the Simplot Benefit Service Center at (800) 254-3252.