



Benefit Information Reference Sheet

| Benefit Individuals may not be eligible for or enrolled in each program outlined below | Event: Personal Leave of Absence or Unpaid Administrative Leave |
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| Simplot Medical Program (including prescription), Simplot Dental Program, Simplot Vision Program, EAP Program and associated Premium Payment Program | <p>ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>The earlier of (1) the end of the month in which your leave ends (not to exceed 12 weeks), or (2) the end of the month in which termination occurs. EAP services will continue for an additional 30 days. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work or from final pay in the event of termination.</i></p> <p>CONTINUATION OR CONVERSION: <i>COBRA available as described in Summary Plan Description.</i></p> <p>REINSTATEMENT: <i>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.</i></p> |
| Hawaii Kaiser HMO Program (medical, prescription, dental, and vision), EAP Program and associated Premium Payment Program | <p>ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>The earlier of (1) the end of the month in which your leave ends (not to exceed 12 weeks), or (2) the end of the month in which termination occurs. EAP services will continue for an additional 30 days. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work or from final pay in the event of termination.</i></p> <p>CONTINUATION OR CONVERSION: <i>COBRA available as described in the HMO Group Service Agreement.</i></p> <p>REINSTATEMENT: <i>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.</i></p> |
| HMAA Program (medical, prescription, dental, and vision), EAP Program and associated Premium Payment Program | <p>ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>The earlier of (1) the end of the month in which your leave ends (not to exceed 12 weeks), or (2) the end of the month in which termination occurs. EAP services will continue for an additional 30 days. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work or from final pay in the event of termination.</i></p> <p>CONTINUATION OR CONVERSION: <i>COBRA available as described in the Description of Coverage.</i></p> <p>REINSTATEMENT: <i>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.</i></p> |
| International Welfare Benefit, EAP Program and associated Premium Payment Program | <p>ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>The earlier of (1) the end of the month in which your leave ends (not to exceed 12 weeks), or (2) the end of the month in which termination occurs. EAP services will continue for an additional 30 days. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work or from final pay in the event of termination.</i></p> <p>CONTINUATION OR CONVERSION: <i>COBRA available as described in the Group Plan booklet.</i></p> <p>REINSTATEMENT: <i>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.</i></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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| Dependent Care Reimbursement Account | <p>ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>If employee chooses to continue coverage, the earlier of (1) the end of the month in which your leave ends (not to exceed 12 weeks), or (2) the end of the month in which termination occurs. If you choose to continue this benefit, the Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work or from final pay in the event of termination. The Employee may choose to waive Dependent Care Reimbursement during the leave, and if so, coverage will cease at the end of the month in which Employee waives coverage.</i></p> <p>CONTINUATION OR CONVERSION: <i>The Employer will fund the Employee's contributions and withhold "catch-up" amounts upon the Employee's return.</i></p> <p>REINSTATEMENT: <i>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.</i></p> |
| Health Savings Account (HSA) | <p>ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>The earlier of (1) the end of the month in which your leave ends (not to exceed 12 weeks), or (2) the end of the month in which termination occurs.</i></p> <p>CONTINUATION OR CONVERSION: <i>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.</i></p> <p>REINSTATEMENT: <i>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 and is enrolled in the Simplot Medical Program. Initial eligibility requirements apply if return to work occurs in excess of 30 days following loss of coverage.</i></p> |
| Basic Life and Accidental Death & Dismemberment (AD&D) Insurance | <p>ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>The earlier of (1) the end of the month in which your leave ends (not to exceed 12 weeks), or (2) the end of the month in which termination occurs. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work or from final pay in the event of termination.</i></p> <p>CONVERSION: <i>Conversion option may be available for Life coverage only, subject to the requirements described in the Certificate of Coverage. Apply within 31 days of coverage end date with Standard Insurance Company.</i></p> <p>REINSTATEMENT: <i>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.</i></p> |



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|---|--|
| Voluntary Life and AD&D Insurance | <p>ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>The earlier of (1) the end of the month in which your leave ends (not to exceed 12 weeks), or (2) the end of the month in which termination occurs. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work or from final pay in the event of termination.</i></p> <p>CONVERSION: <i>Conversion option may be available for all life insurance for 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.</i></p> <p>REINSTATEMENT: <i>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.</i></p> |
| Disability Pay | <p>ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>Date of event.</i></p> <p>CONTINUATION OR CONVERSION: <i>Not applicable.</i></p> <p>REINSTATEMENT: <i>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.</i></p> |
| Long-Term Disability | <p>ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>The earlier of (1) the end of the month in which your leave ends (not to exceed 12 weeks), or (2) the end of the month in which termination occurs. Employer will fund the Employee's contribution and withhold "catch up" amounts upon the Employee's return to work or from final pay in the event of termination.</i></p> <p>CONTINUATION OR CONVERSION: <i>Conversion option available if Employee has been enrolled for 12 consecutive months. Apply within 31 days of coverage end date with Standard Insurance Company.</i></p> <p>REINSTATEMENT: <i>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.</i></p> |
| Retirement Savings Plans | <p>RETIREMENT SAVINGS PLAN: <i>If the Employee has an outstanding loan 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.</i></p> |



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.