



Benefit Information Reference Sheet

<i>Benefit</i> Individuals may not be eligible for or enrolled in each program outlined below	Event: Death of Employee
Simplot Medical Program (including prescription), Simplot Dental Program, Simplot Vision Program, EAP Program and associated Premium Payment Program	<u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u> <i>Date of event for Employee. End of the month plus three additional months for dependents enrolled in Simplot Medical, Dental, and/or Vision (no premium expense for the additional three months).</i> <u>CONTINUATION OR CONVERSION:</u> <i>COBRA available for spouse and/or dependents as described in Summary Plan Description.</i>
Hawaii Kaiser HMO Program (medical, prescription, dental and vision) and associated Premium Payment Program	<u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u> <i>Date of event for Employee. EAP services will continue for an additional 30 days for dependents.</i> <u>CONTINUATION OR CONVERSION:</u> <i>COBRA available for spouse and/or dependents as described in the HMO Group Service Agreement.</i>
HMAA Program (medical, prescription, dental and vision) and associated Premium Payment Program	<u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u> <i>Date of event for Employee. EAP services will continue for an additional 30 days for dependents.</i> <u>CONTINUATION OR CONVERSION:</u> <i>COBRA available for spouse and/or dependents as described in the Description of Coverage.</i>
International Welfare Benefit and associated Premium Payment Program	<u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u> <i>Date of event for Employee. End of the month plus three additional months for dependents (no premium expense for the additional three months).</i> <u>CONTINUATION OR CONVERSION:</u> <i>COBRA available for spouse and/or dependents as described in the Group Plan booklet.</i>
Dependent Care Reimbursement Account	<u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u> <i>End of the month in which event occurs.</i>
Health Savings Account (HSA)	<u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u> <i>Date of event.</i> <u>CONTINUATION OR CONVERSION:</u> <i>If the Employee's spouse is the designated beneficiary, the HSA passes to the spouse and continues as an individual account (which may be subject to administrative fees). For other beneficiaries, the account stops being an HSA, and the fair market value of the HSA becomes taxable to the beneficiary(ies) in the year of the event.</i>
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	<u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u> <i>Date of event.</i>

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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Voluntary Life and AD&D Insurance	ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>Date of event.</i> CONTINUATION, CONVERSION, OR PORTABILITY: <i>Life coverage for spouse and/or children will continue at no charge for the first 5 months. Conversion or portability options may be available at the end of those 5 months, subject to the requirements described in the Certificate of Coverage. Apply within 31 days of the coverage end date with Standard Insurance Company.</i>
Disability Pay	ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>Date of event.</i>
Long-Term Disability	ACTIVE EMPLOYEE PARTICIPATION ENDS: <i>Date of event.</i>
Retirement Savings Plans	RETIREMENT SAVINGS PLAN: <i>If the Employee has an account balance at T. Rowe Price, T. Rowe Price will need a copy of the death certificate. They will then retrieve the beneficiary designation information and set up an account in the beneficiary's name, and a PIN for the Plan Account Line will be generated and mailed. A Beneficiary Distribution Kit will then be mailed to the beneficiary's address of record. This kit will inform the beneficiary of their options with the account balance.</i>

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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.