Benefit Information Reference Sheet

Benefit Individuals may not be eligible for or enrolled in each program outlined below	Event: Medical Leave of Absence (Includes Occupational and Non-Occupational Leaves of Absence. If applicable, first 12 weeks will run concurrently with FMLA)
Simplot Medical Program (including prescription), Simplot Dental Program, Simplot Vision Program, EAP Program and associated Premium Payment Program	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *The earlier of the end of the month in which the 180th day of consecutive medical leave is reached or the end of the month in which you are placed in a leave long term employment status. EAP services will continue for an additional 30 days.* **CONTINUATION OR CONVERSION:** *COBRA available as described in Summary Plan Description. If your active coverage ends due to medical leave as described above, COBRA, with the exception of EAP, will be paid in part by the J.R. Simplot Company for the first six months. For this six 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), EAP Program and associated Premium Payment Program	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *The earlier of the end of the month in which the 180th day of consecutive medical leave is reached or the end of the month in which you are placed in a leave long term employment status. EAP services will continue for an additional 30 days.* **CONTINUATION OR CONVERSION:** *COBRA available as described in the HMO Group Service Agreement. If your active coverage ends due to medical leave as described above, COBRA will be paid in part by the J.R. Simplot Company for the first six months. For this six 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.*
HMAA Program (medical, prescription, dental and vision), EAP Program and associated Premium Payment Program	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *The earlier of the end of the month in which the 180th day of consecutive medical leave is reached or the end of the month in which you are placed in a leave long term employment status. EAP services will continue for an additional 30 days.* **CONTINUATION OR CONVERSION:** *COBRA available as described in the Description of Coverage. If your active coverage ends due to medical leave as described above, COBRA will be paid in part by the J.R. Simplot Company for the first six months. For this six 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 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, 2027.

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International Welfare Benefit, EAP Program and associated Premium Payment Program	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *The earlier of the end of the month in which the 180th day of consecutive medical leave is reached or the end of the month in which you are placed in a leave long term employment status. EAP services will continue for an additional 30 days.* **CONTINUATION OR CONVERSION:** *COBRA available as described in the Group Plan booklet. If your active coverage ends due to medical leave as described above, COBRA will be paid by the J. R. Simplot Company for the first six 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 Reimbursement Account	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *If FMLA runs concurrently, please refer to the FMLA Benefit Information Reference Sheet. Participation continues through the duration of the leave, the end of the month in which the 180th day of consecutive medical leave is reached, or the end of the month in which you are placed in a leave long term employment status, whichever is earlier. Contributions will be made through normal payroll salary reductions. If not possible, the Employer will fund the Employee's contributions and withhold "catch-up" amounts upon the Employee's return. However, the Employee may choose to waive Dependent Care Reimbursement during the leave. If chosen, coverage will cease at the end of the month in which the Employee waives coverage.* **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 Account	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *If FMLA runs concurrently, please refer to the FMLA Benefit Information Reference Sheet. Participation continues through the duration of the leave, the end of the month in which the 180th day of consecutive medical leave is reached, or the end of the month in which you are placed in a leave long term employment status, whichever is earlier. Contributions will be made through normal payroll salary reductions.* **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 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.*

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Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *The earlier of (a) the date the Employee is determined not to be eligible for a Waiver of Premium, or (b) the date employment terminates.* **CONTINUATION, CONVERSION OR PORTABILITY:** *A totally disabled Employee may apply for an extension of life insurance coverage as described in the Certificate of Coverage. If the extension of life insurance is approved, AD&D coverage ends. If Life coverage ends a conversion option may be available. A portability option may also be available upon termination of employment. Extension, conversion or portability is subject to the requirements described in the Certificate of Coverage. Apply within 31 days of the coverage end date with New York Life.* **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.*
Voluntary Life and AD&D Insurance	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *The earlier of (a) the date the Employee is determined not to be eligible for a Waiver of Premium, or (b) the date employment terminates. Contributions will be made through normal payroll deductions. If not possible, the Employer will fund the Employee's contributions and withhold "catch-up" amounts upon the Employee's return.* **CONTINUATION, CONVERSION OR PORTABILITY:** *A totally disabled Employee may apply for an extension of life insurance coverage as described in the Certificate of Coverage. If the extension of life insurance is approved, AD&D coverage ends. If Life coverage ends, a conversion option may be available. A portability option may also be available upon termination of employment. Extension, conversion or portability is subject to the requirements described in the Certificate of Coverage. Apply within 31 days of the coverage end date with New York Life.* **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:** *Not applicable.* **CONTINUATION OR CONVERSION:** *Not applicable.* **REINSTATEMENT:** *Not applicable.*
Long-Term Disability	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *Employee may pursue Disability benefit through the LTD program. Contributions will be made through normal payroll deductions. If not possible, the Employer will fund the Employee's contributions and withhold "catch-up" amounts upon the Employee's return.* **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.*

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Retirement Savings Plans	**RETIREMENT SAVINGS PLAN:** *As long as employment continues, deferrals will be deducted from eligible pay. If the Employee has an outstanding loan and a partial loan repayment is deducted due to an insufficient pay check, 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. If insufficient or no pay is being received, the Employee may be eligible to suspend loan payments for up to 12 months from the date of the event. 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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