Benefit Information Reference Sheet

Benefit Individuals may not be eligible for or enrolled in each program outlined below	Event: Family Medical Leave of Absence (FMLA and State) and Other Government Required Leaves (To be used in conjunction with other applicable Benefit Information Reference Sheets, for example, Medical and Personal Leaves of Absence)
Simplot Medical Program (including prescription), Simplot Dental Program, Simplot Vision Program, EAP Program and associated Premium Payment Program	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *Not applicable.* **CONTINUATION OR CONVERSION:** *Coverage continues for the duration of the leave. 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.* **REINSTATEMENT:** *Not applicable.*
Hawaii Kaiser HMO Program (medical, prescription, dental, and vision), EAP Program and associated Premium Payment Program	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *Not applicable.* **CONTINUATION OR CONVERSION:** *Coverage continues for the duration of the leave. 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.* **REINSTATEMENT:** *Not applicable.*
HMAA Program (medical, prescription, dental, and vision), EAP Program and associated Premium Payment Program	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *Not applicable.* **CONTINUATION OR CONVERSION:** *Coverage continues for the duration of the leave. 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.* **REINSTATEMENT:** *Not applicable.*
International Welfare Benefit, EAP Program and associated Premium Payment Program	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *Not applicable.* **CONTINUATION OR CONVERSION:** *Coverage continues for the duration of the leave.* **REINSTATEMENT:** *Not applicable.*
Dependent Care Reimbursement Account	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *Not applicable.* **CONTINUATION OR CONVERSION:** *If you choose to continue this benefit, participation continues for the duration of the leave. Contributions will be made through normal payroll salary reductions. If not possible, the Employer will fund the Employee's contributions until the earlier of Employee's return or the end of the calendar year in which the event occurs and withhold "catch-up" amounts upon the Employee's return. However, the Employee may choose to waive Dependent Care Reimbursement during the leave. If waived, the coverage will cease at the end of the month in which the Employee waives coverage.* **REINSTATEMENT:** *Not applicable. If the Employee chooses to terminate participation during leave, the Employee may enroll effective the first of the month following return to work.*
Health Savings Account	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *Not applicable.* **CONTINUATION OR CONVERSION:** *Participation continues for the duration of the leave. Contributions will be made through normal payroll salary reductions.* **REINSTATEMENT:** *Not applicable.*

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.

Benefit Information Reference Sheet

Benefit Individuals may not be eligible for or enrolled in each program outlined below	Event: Family Medical Leave of Absence (FMLA and State) and Other Government Required Leaves (To be used in conjunction with other applicable Benefit Information Reference Sheets, for example, Medical and Personal Leaves of Absence)

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *Coverage ends at the end of the approved period of leave under FMLA.* **CONTINUATION:** *Coverage continues for the duration of the leave, as provided under the federal Family and Medical Leave Act.* **REINSTATEMENT:** *If coverage ends, it will be reinstated as provided under the federal Family and Medical Leave Act.*
Voluntary Life and AD&D Insurance	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *Coverage ends at the end of the approved period of leave under FMLA.* **CONTINUATION:** *Coverage may be continued for the duration of the leave, as provided under the federal Family and Medical Leave Act. Any Employee contributions will be collected upon the Employee's return to work.* **REINSTATEMENT:** *If coverage ends, it will be reinstated as provided under the federal Family and Medical Leave Act.*
Disability Pay	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *Not applicable.* **CONTINUATION OR CONVERSION:** *Not applicable.* **REINSTATEMENT:** *Not applicable.*
Long-Term Disability	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *Coverage ends at the end of the approved period of leave under FMLA.* **CONTINUATION OR CONVERSION:** *Coverage may be continued for the duration of the leave, as provided under the federal Family and Medical Leave Act. 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.* **REINSTATEMENT:** *If coverage ends, it will be reinstated as provided under the federal Family and Medical Leave Act.*
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 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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