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**
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 (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.* **CONTINUATION OR CONVERSION:** *COBRA available as described in Summary Plan Description.* **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 (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.* **CONTINUATION OR CONVERSION:** *COBRA available as described in the HMO Group Service Agreement.* **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 (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.* **CONTINUATION OR CONVERSION:** *COBRA available as described in the Description of Coverage.* **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.*
International Welfare Benefit, EAP Program and associated Premium Payment Program	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *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.* **CONTINUATION OR CONVERSION:** *COBRA available as described in the Group Plan booklet.* **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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Benefit **Individuals may not be eligible for or enrolled in each program outlined below**	Event: **Personal Leave of Absence or Unpaid Administrative Leave**
Dependent Care Reimbursement Account	**ACTIVE EMPLOYEE PARTICIPATION ENDS**: *If employee choses 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.* **CONTINUATION OR CONVERSION:** *The Employer will fund the Employee's contributions and withhold "catch-up" amounts upon the Employee's return.* **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 (HSA)	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *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.* **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 an 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.*
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *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.* **CONVERSION:** *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 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.*

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Voluntary Life and AD&D Insurance	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *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.* **CONVERSION:** *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 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:** *Date of event.* **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.*
Long-Term Disability	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *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.* **CONTINUATION OR CONVERSION:** *Conversion option available if Employee has been enrolled for 12 consecutive months. Apply with New York Life within 62 days after coverage ends or within 31 days of the date notice is given to apply for a converted policy or certificate, whichever is later.* **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.*
Retirement Savings Plans	**RETIREMENT SAVINGS PLAN:** *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.*

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