2027 Life's Journey

Chart Your Wellbeing
From Today to Tomorrow









BENEFITS AT A GLANCE

Your Journey
Your Benefits
Your Future

Semi-Monthly Contributions

Semi-Monthly Contributions for 2027

2027 Simplot Health Plan

2027	Medical		Dental	Vision
Employee Only	Discounted*	$20.75	$5.25	$2.85
	Standard	$62.75		
Employee + Spouse	Discounted*	$138.75	$16.25	$8.10
	Standard	$224.25		
Employee + Child(ren)	Discounted*	$95.50	$16.25	$8.10
	Standard	$137.50		
Employee + Spouse + Child(ren)	Discounted*	$215.50	$27.25	$14.35
	Standard	$298.75		

** The contribution discount is available to all employees. Employees and their adult dependents who meet the criteria for not using tobacco or nicotine products will receive the discount. If you are unable to meet the criteria for not using tobacco or nicotine products, you may contact the Simplot Benefits Service Center at 800-254-3252, and we will work with you (and your physician, if you wish) to find an opportunity to earn the same discount by different means.*

Medical Overview
Claims Administrator: Blue Cross of Idaho

		In-Network	Out-of-Network
Deductible	Individual	$1,800	$3,600
	Family	$3,600	$7,200
Coinsurance (after deductible)	You Pay	20%	40%
	Simplot Pays	80%	60%
Preventive Care	You Pay	0%	40%[1]
	Simplot Pays	100%	60%[1]
Out-of-Pocket Maximum[2]	Individual	$4,300	$8,300
	Family	$8,400[3]	$16,400

[1] Preventive care received from an out-of-network provider is subject to deductible and coinsurance.

[2] In-network services don't apply to the out-of-network out-of-pocket maximum. But, if you use an out-of-network provider, it will count toward the in-network out-of-pocket maximum.

[3] Once the in-network out-of-pocket costs for an individual reach $6,850, additional covered services for that individual are paid 100 percent.

Medical: Your Share of the Cost for Care

What You Pay (coinsurance applies after deductible)

Common Medical Event	Services You May Need	In-Network	Out-of-Network
If you visit a health care provider's office or a clinic	• Primary care visit to treat an injury or illness • Specialist visit • Other practitioner office visits (visits for alternative therapy such as chiropractic care, acupuncture and therapeutic massage are limited to a combined total of 30 visits per participant per year)	20%	40%
If you receive preventive services Age, gender & frequency limits apply	• Well-baby/child visit • Colonoscopy • Mammogram • Annual wellness exam	$0	40%
If you have a test	• Diagnostic test (X-ray, blood work) • Imaging (CT/PET scan, MRI)	20%	40%
If you have outpatient surgery	• Facility fee (e.g., ambulatory surgery center) • Physician/surgeon fee	20%	40%
If you need immediate medical attention	• Emergency room visit • Ground ambulance services • Urgent care visit	20%	40%[1]
If you have a hospital stay	• Facility fee (e.g., hospital room); prior authorization required except for emergency and maternity care • Physician/surgeon fee	20%	40%
If you receive mental health, behavioral health or substance use services	• Mental/behavioral health outpatient and inpatient services (prior authorization required for inpatient) • Substance use outpatient and inpatient services (prior authorization required for inpatient)	20%	40%

[1] *If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, services will be covered the same as in-network.*

Prescription Drugs

Claims Administrator: Blue Cross of Idaho

		In-Network	Out-of-Network
Preventive Contraceptives, smoking cessation medications, medications for chronic conditions (including insulin and medications for high blood pressure or high cholesterol) and others as required by the Affordable Care Act.	You Pay	$0	No Coverage
	Simplot Pays	100%	
Tier 1 Generic & Tier 2 Preferred Brand	You Pay	20% after deductible	
	Simplot Pays	Remainder	
Tier 3 Non-Preferred Brand	You Pay	30% after deductible	
	Simplot Pays	Remainder	

HSA Contribution Limits

If you are enrolled in the Simplot Medical Program, you may be eligible to open a HealthEquity Health Savings Account (HSA). You choose how much you want to contribute to your HSA, up to IRS limits, and Simplot will also contribute up to $950 as outlined below.

	IRS Limits	Maximum Company, Matching, and Wellness Contributions from Simplot	Maximum Amount You Can Contribute in 2027
Individual	$4,500	$950	$3,550 ($4,450 age 55 or older)
Family	$9,000	$950	$8,050 ($8,800 age 55 or older)

The IRS limits the amount that may be contributed to an HSA each year. This includes money Simplot contributes on your behalf. **As a result, the maximum amount you can contribute for 2027 is $3,550 per individual and $8,050 per family (plus $1,000 if you're at least age 55).** Annual limits may be prorated if you are not eligible for the full calendar year.

HealthEquity HSA

If you are enrolled in the Simplot Medical Program, you may be eligible to open a HealthEquity Health Savings Account (HSA). You choose how much you want to contribute to your HSA, up to IRS limits, and Simplot will also contribute up to $950 as outlined below.

	Requirements
$300 Simplot Contribution	Deposited in January or upon account opening.
$250 Matching Contribution	Simplot will match your contributions dollar for dollar, up to a maximum of $250 for the year. You must contribute to get the match.
$400 Employee Wellness Contribution	When you complete the MySimplot Wellness Incentive Course and complete a preventive care visit by October 31, 2027.

The information regarding the HealthEquity Health Savings Account (HSA) is for educational purposes only. While Simplot may contribute to the HealthEquity HSA on behalf of its employees, the HealthEquity HSA is not sponsored by Simplot or part of the J.R. Simplot Company Group Health & Welfare Plan, and Simplot is not responsible for HealthEquity HSA administration. Questions regarding the administration of the HealthEquity HSA should be directed to HealthEquity at ***877-629-8234.***



Dental

Claims Administrator: Blue Cross of Idaho

Deductible	Preventive dental covered services and orthodontic services	$0
	Individual basic and major procedures (combined) each calendar year	$50
Maximum	Individual for all services (excluding orthodontia) each calendar year	$2,000
	Individual orthodontia lifetime maximum	$2,000
Services You May Need	**What You Pay In-Network* (coinsurance applies after deductible)**	
If you visit a dentist	Preventive dental covered services (e.g., oral exams, cleanings – two per calendar year)	$0
	Basic procedure (e.g., fillings, extractions)	20%
	Major and restorative procedures (e.g., bridges, inlays, onlays)	50%
Orthodontic Services	Orthodontia care (waiting period of 12 consecutive months of coverage applies)	50%

* Out-of-network services are subject to a maximum allowance, which is the maximum dollar amount paid toward the cost of a dental service.



Vision

Claims Administrator: VSP

	In-Network*	Out-of-Network*
Eye Exam	Paid at 100%	$50 allowance
Lenses	$10 copay for all lens types	**Allowance:** Single Vision $30 Bifocal or Progressive $50 Trifocal $65
Frames Allowance	$150	$70
Contact Lens Allowance	$150	$105

* Certain restrictions and other discounts may apply. Please review the Vision Program Document on simplotbenefits.com for full details.





This Benefits at a Glance provides a brief overview of your Simplot benefits. For more information, explore ***simplotbenefits.com.***

This document is for summary purposes and provides general information only. The J R. Simplot Company Group Health and Welfare Plan ("Plan") governs the benefit programs available to J.R. Simplot Company employees. To receive a copy of the Plan document or Summary Plan Description, please contact the Simplot Benefit Service Center. In the event of any conflict between the Plan document and this document (or the Plan document and the Summary Plan Description), the terms of the Plan document shall control.

Simplot®

Simplot Benefits Service Center

employee.simplot.com
(Click the Empyrean Benefits Enrollment tile)

800-254-3252