Benefit Information Reference Sheet

Benefit Individuals may not be eligible for or enrolled in each program outlined below	Event: Voluntary Termination, Involuntary Termination, Transfer to Ineligible Benefit Status, Reduced Hours of Employment, Reduction in Force, Plant Closure, Strike
Simplot Medical Program (including prescription), Simplot Dental Program, Simplot Vision Program, EAP Program and associated Premium Payment Program	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *End of the month in which event occurs. EAP services will continue for an additional 30 days.* **CONTINUATION OR CONVERSION:** *COBRA available as described in Summary Plan Description. If termination results from Reduction in Force or Plant Closure, COBRA will be paid in part by J.R. Simplot Company for the first three months. For this three-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:** *End of the month in which event occurs. EAP services will continue for an additional 30 days.* **CONTINUATION OR CONVERSION:** *COBRA available as described in the HMO Group Service Agreement. If termination results from Reduction in Force or Plant Closure, COBRA will be paid in part by J.R. Simplot Company for the first three months. For this three-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:** *End of the month in which event occurs. EAP services will continue for an additional 30 days.* **CONTINUATION OR CONVERSION:** *COBRA available as described in the Description of Coverage. If termination results from Reduction in Force or Plant Closure, COBRA will be paid in part by J.R. Simplot Company for the first three months. For this three-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.*
International Welfare Benefit, EAP Program and associated Premium Payment Program	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *End of the month in which event occurs. EAP services will continue for an additional 30 days.* **CONTINUATION OR CONVERSION:** *COBRA available as described in the Group Plan booklet. If termination results from Reduction in Force or Plant Closure, COBRA will be paid by J. R. Simplot Company for the first three 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.*

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, 2027.

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Dependent Care Reimbursement Account	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *End of the month in which the event occurs. Claims for reimbursement must be made no later than 30 days following termination.* **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 (HSA)	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *End of the month in which event 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 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.*
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *End of the month in which event occurs.* **CONTINUATION, CONVERSION OR PORTABILITY:** *Conversion or portability options may be available, subject to the requirements described in the Certificate of Coverage. Apply within 31 days of coverage end date with New York Life. If termination is due to employee's disability, the employee may apply for an extension of life insurance coverage as described in the Certificate 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.*
Voluntary Life and AD&D Insurance	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *End of the month in which event occurs.* **CONTINUATION, CONVERSION OR PORTABILITY:** *Conversion or portability options may be available for the 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. If termination is due to employee's disability, the employee may apply for an extension of life insurance coverage as described in the Certificate 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.*
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.*

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Long-Term Disability	**ACTIVE EMPLOYEE PARTICIPATION ENDS:** *End of the month in which event occurs.* **CONTINUATION OR CONVERSION:** *Conversion option available, if Employee has been enrolled for 12 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 Plan	**RETIREMENT SAVINGS PLAN:** *For Transfer to Ineligible Benefit Status, Reduced Hours of Employment and Strike, employees continue active participation in the savings plan. For all other events the Employee's termination date will be sent to T. Rowe Price. If the Employee has a vested account balance, a Termination Kit will be sent to the Employee's address of record. If the account balance is less than $7,000.00, the Employee will be notified that they will need to remove their money within 30 days of the date the termination kit was sent. If the Employee has an outstanding loan, arrangements can be made to continue monthly repayments or to pay off the loan in full. If arrangements are not made regarding the loan, it will go into default and become immediately taxable. The Termination Kit will explain the options that the Employee has with their account balance and outstanding loan, if applicable. For information regarding this Plan, please contact T. Rowe Price at (800) 922-9945.*

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