

2026

DIG INTO



YOUR

BENEFITS



ANNUAL
ENROLLMENT

BEGINS

October 17

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October 31

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Simplot.

Your Simplot 2026 Benefits Annual Enrollment is October 17 – 31, 2025.

It's Time To Dig Into Your Benefits

Annual Enrollment is your once-a-year opportunity to plant smart benefit choices for the year ahead. This guide is designed to help you dig into your benefits, uncover what's changing, and make confident decisions that will help you and your family thrive in 2026.



Get The Dirt On What's New For 2026

Life and Disability Carrier Change

Effective January 1, 2026, Simplot's life and accidental death & dismemberment (AD&D) insurance and long-term disability (LTD) coverage will move from The Standard to New York Life. As part of this change, during Annual Enrollment you'll have a special opportunity to elect or increase voluntary life insurance coverage without answering medical questions (also known as Evidence of Insurability or EOI):

You can elect or increase your voluntary Life and AD&D insurance coverage up to a guaranteed amount of \$500,000 — no medical questions required.

- Your spouse is eligible for up to \$30,000 in voluntary Life and AD&D insurance with no medical questions.
- You may also enroll in voluntary long-term disability (LTD) coverage without medical review.
- Simplot continues to provide basic life and accidental death and dismemberment (AD&D) insurance to you at no cost. The coverage is 2x your annual earnings.

Covering What Matters

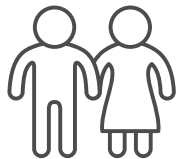
You can cover your legal spouse and your children under age 26, including:

- ✓ Biological children and stepchildren
- ✓ Adopted children or children placed for adoption
- ✓ Foster children or children under your legal guardianship.
- ✓ You can also cover your or your spouse's child of any age who becomes disabled while the child is enrolled in the plan and dependent on you.



Enrolling Dependents?

Be prepared to provide proof of their eligibility — a marriage or birth certificate, for example — within 75 days. For the list of documents you can submit, visit the Resources tab at www.simplotbenefits.com. Keep in mind: If you miss the deadline, your family members will not be covered.



An Important Notice About Medicare.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. For details, read the legal notices in the back of this Annual Enrollment Guide.



Qualifying Life Events After AE

If you experience a qualifying life event between **October 17 and December 31, 2025**, please contact the Simplot Benefits Service Center at 1-800-254-3252, Monday to Friday from 6 a.m. to 6 p.m. MT. The Simplot Benefits Service Center will ensure your changes get updated for 2025 and 2026.

Dependent Care Reimbursement Account (DCRA)

A Dependent Care Reimbursement Account (DCRA) lets you set aside before tax dollars to pay for child care expenses or eldercare expenses that you incur while you're at work. For 2026, the limit has increased. You can contribute up to \$7,500 (\$3,750 if you're married and file separate tax returns). Simplot will deduct that amount before tax in equal parts from each paycheck. <https://simplotbenefits.com/article/dependent-care-reimbursement-account/>



Cultivating Your 2026 Simplot Benefits

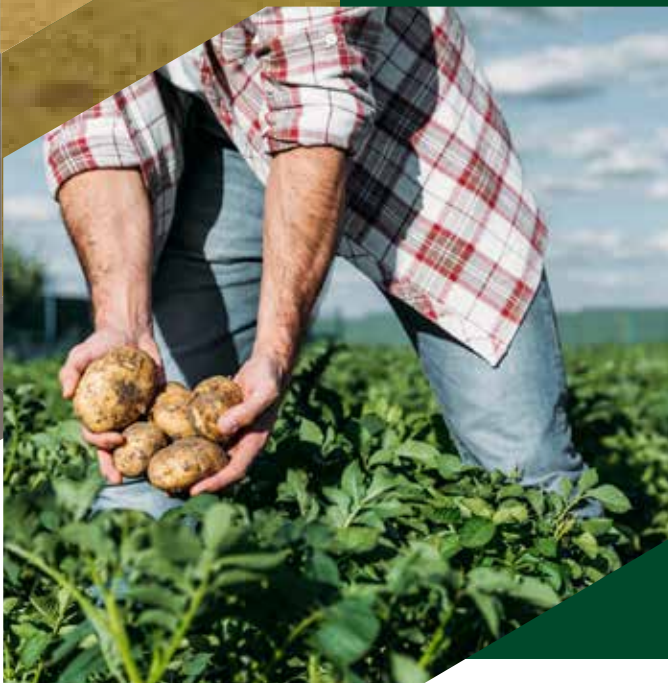
Annual Enrollment is October 17 – October 31, 2025.

You can choose how you want to access and enroll in your 2026 benefits:

Online: Enroll at employee.simplot.com > Empyrean Benefits Enrollment tile. Have your Simplot login and password ready. If you need assistance with your Simplot login and password, contact the Simplot Help Desk.

By Phone: Call 1-800-254-3252, Monday through Friday, 6 a.m. to 6 p.m. MT. Representatives can help you in English, Spanish and other languages. You can schedule a time for a Benefits Service Center representative to call to help you enroll.

By Mobile App: If you haven't already, scan the QR Code to download your free benefits app – EmpyreanGO – from the Apple App Store or Google Play.



AE REMINDER

Make sure to submit your elections and print your Confirmation Statement. Your 2026 enrollment isn't complete until you confirm your elections in the benefits platform.

Simplot Benefits Program Rates

Semi-Monthly Contributions for 2026

Plan	Coverage Tier	Cost (\$)
HMAA	Employee Only	\$0.00
	Employee + Spouse	\$350.05
	Employee + 1 child	\$244.04
	Family	\$529.13
Hawaii Kaiser	Employee Only	\$0.00
	Employee + 1 dependent	\$199.21
	Employee + 2 or more dependents	\$387.16



Your Simplot Benefits Tools & Resources

Simplot Benefits Site

- Explore your 2026 Simplot benefits and resources.
- Find contact info for all your benefit providers.
- Go to simplotbenefits.com or scan this QR code using the camera on your smartphone



Simplot Benefits Service Center:

- Get assistance with your benefits enrollment and answers to your benefits questions
- Call 800-254-3252, Monday – Friday, 6 AM to 6 PM MT.

Global IT Service Desk:

- Get help with your MySimplot login credentials and support.
- Call 208-780-3330 or 800-443-5783
- Go to www.support.simplot.com



Everything You Need to Dig in With Confidence.

No matter where you are in your benefits journey, having the right tools makes all the difference. **Simplotbenefits.com** is your go-to resource hub that is packed with links, contacts, and information to help you fully utilize your benefits and get help when you need it.

Whether you're enrolling, managing your benefits, looking for plan documents, or in need of contact information, **simplotbenefits.com** is designed to keep you supported every step of the way.

Important Plan Documents Available Online

Simplot is required at certain times to provide you copies of legal documents about the Company's benefit plans. This includes certificates of coverage and the Summary Plan Description for the J.R. Simplot Company Group Health & Welfare Plan. As part of our continuing commitment to sustainability, you can view the most updated version under the Resources tab of simplotbenefits.com. If you prefer a printed copy, contact the Simplot Benefits Service Center at 800-254-3252. A paper copy will be delivered to you through the U.S. Postal Service.

Information Sharing: As a part of your participation in the Simplot Group Health and Welfare Plan, specific personal and medical information may be shared with our vendor partners. The Employee Privacy Notice explains the types of personal information we collect, how we use and disclose it, and the choices that are available to you with respect to how we handle your personal information.

The HIPAA Notice of Privacy Practices describes how medical information about you that is created or received by the Plan may be used and disclosed and how you can get access to this information. The Employee Privacy Notice can be found on the Pulse > People Services > Company Policies > Employee Privacy. The HIPAA Notice of Privacy Practices can be found at simplotbenefits.com > Resources > HIPAA > HIPAA Notice of Privacy Practices. Please review these notices carefully.

This document is a Summary of Material Modification(SMM) that describes some important changes to the J.R. Simplot Company Group Health & Welfare Plan and the J.R. Simplot Company Flex Plan. This SMM is intended to be part of your Summary Plan Description (SPD) and should be kept with your other benefits materials. If the information in the SMM or the SPD and the official plan document conflicts, the plan document will govern in all cases. This SMM is for informational purposes only and may contain information on programs that are not applicable to all employees. Your receipt of this SMM does not waive any eligibility requirements for any Simplot benefit plan or program. This SMM does not change the terms of your employment with Simplot.



Scan this QR code to access Simplot's Summaries of Benefits & Coverage (SBCs) documents.

Watch Out for Phishing!

Beware of site lookalikes, emails, and text. Verify the website and sender. Use strong passwords and MFA (when available) and don't click on suspicious links.



¿Habla español?

Si tiene alguna dificultad entendiendo la información presentada en esta guía, por favor llame a su departamento de Recursos Humanos en su localidad o el Centro de Servicios Beneficios de Simplot al teléfono 800-254-3252 de lunes a Viernes.

Excavate the Fine Print – Legal Notices

Health Plan Notices

J.R. Simplot Company Group Health & Welfare Plan October 2025

This material contains important legal notices about the health plans sponsored by the J.R. Simplot Company ("Simplot"), as required under federal law. Please share these notices with your family members and keep them with your other benefit plan information.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. More specifically, the law mandates that a member receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy will also receive coverage for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy. If you have any questions about your coverage for mastectomies and reconstructive surgery, please contact your health coverage carrier.

Statement of Rights Under the Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any

hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your health coverage carrier.

Notice of Special Enrollment Rights Under the Health Insurance Portability and Accountability Act (HIPAA)

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30

days after the marriage or within 90 days after the birth, adoption or placement for adoption.

You are also eligible to make a mid-year enrollment change for yourself and your eligible dependents if either of the following events occur:

- You or your dependent loses Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible; or
- You or your dependent qualifies for premium assistance under state Medicaid or CHIP in paying your employer group medical plan premiums.

Unlike other qualifying events, you have 60 days from the date of the Medicaid/CHIP event to request enrollment.

Health Insurance Marketplace Notice

The Health Insurance Marketplace, healthcare.gov, is designed to help you find private health insurance directly from insurance companies that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare medical insurance options for you and your family. You may also be eligible for a tax credit that lowers your monthly premium. Open enrollment for 2026 health coverage through the Marketplace begins November 1, 2025, and ends December 15, 2025. You may buy health insurance for yourself and your family members from your state or the Federal Marketplace.

Please note, however, that if you and your dependents are offered medical coverage through the J.R. Simplot Company Group Health & Welfare Plan (the "Simplot Medical Program"), Simplot pays a significant portion of the cost for that coverage. As a result, you may not be able to find less expensive coverage through the Marketplace. Also, keep in mind that the contributions you and Simplot make to the cost of coverage in the Simplot Medical Program are made with pre-tax dollars

that are not subject to income tax. If you buy health insurance through the Marketplace, you will pay for it with after-tax dollars.

Because the Simplot Medical Program generally meets the minimum value and affordability standards of the Affordable Care Act (ACA), if you and your family are eligible for Simplot's coverage you will likely not be eligible for a tax credit through the Marketplace.

The Simplot Medical Program meets the government's "minimum value standard" because the share of the total allowed benefit costs covered by the Simplot Medical Program exceeds the 60 percent ACA threshold. Simplot also has determined that the Simplot Medical Program for most employee groups meets the "affordable" standard under one of the ACA's safe-harbor standards because the premium share for employee-only coverage is less than 9.12 percent of each employee's household income.

During the year, if your household income drops to the point where the premium for single coverage under the Simplot Medical Program exceeds 9.12 percent of your annual household income, you might become eligible for premium assistance.

For more information about available benefits under the Simplot Medical Program, refer to the Summary Plan Description (SPD) by visiting simplotbenefits.com or call the Simplot Benefits Service Center at **800-254-3252**.

For more information about the Marketplace, go to healthcare.gov and select your state of residence. You may be asked for information about the Simplot Medical Program, which can be found in the SPD.

Summary of Benefits and Coverage

You will receive a Summary of Benefits and Coverage (SBC) explaining the medical plan options available to you. The SBC is a snapshot of a health plan's costs, benefits, covered health care services, and other

Legal Notices

features like cost sharing rules and significant limits and exceptions to coverage. The SBC also is available by visiting simplotbenefits.com or by contacting the Simplot Benefits Service Center at 800-254-3252.

Notice Regarding Wellness Program

Simplot sponsors a voluntary wellness program under the J.R. Simplot Company Group Health & Welfare Plan (the "Plan") that is available to eligible employees and, for most employee groups, their family members, to encourage and promote health and/or prevent disease. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program, you need to complete the MySimplot LMS course and a preventive service visit. Examples of a preventive service visit include, but are not limited to, a preventive annual exam, colorectal cancer screening, breast cancer screening and lung cancer screening.

You are not required to participate in the wellness program. However, if you choose to participate in the wellness program, you may be eligible for reduced costs for your health coverage under the Plan. For example, you may be eligible for employer contributions to your Health Savings Account. The Company will provide you with more specific information regarding the wellness program available to your employee group in your enrollment packages.

If you fail to timely complete the enrollment process, you may not be eligible for the wellness program, including the rewards, for that plan year. If you fail to timely satisfy any requirements of the wellness program, you may forfeit the right to continue your participation in and/or receive any available rewards under the wellness program for the remainder of the plan year. If

you are unable to participate in any of the health-related activities to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Simplot Benefits Service Center at 800-254-3252.

The Company is required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the Company may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the Company, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only entity that will receive your personally identifiable health information under the wellness program is Blue Cross of Idaho in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making

any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, call the Simplot Benefits Service Center at 800-254-3252.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Notice of Availability

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), J.R. Simplot Company Group Health & Welfare Plan ("the Plan"), is required to provide you with a HIPAA Notice of Privacy Practices ("Notice") at the time of your enrollment and at certain other times. In addition, the Plan is required to periodically notify you of the availability of the Notice and provide you with information on how to obtain a copy of the Notice.

You may obtain a copy of the Plan's Notice at any time by visiting simplotbenefits.com or requesting a copy of it from the Simplot Benefits Service Center at 800-254-3252. This reminder pertains only to those health care benefits provided under the Plan that are covered under HIPAA's privacy rules.

Note: If you are covered by one or more fully insured group health plans offered by Simplot, you will receive a separate note regarding the availability of the Notice and how to obtain a copy of the Notice directly from the insurance carrier(s).

Your information. Your rights. Our responsibilities.

This notice describes how medical information about you that is created or received by the Plan may be used and

disclosed and how you can get access to this information. Please review it carefully. The Plan is a "hybrid entity," which means that it has both health care and non-health care components. Only the health care components of the Plan are subject to the requirements described in this notice.

Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

Legal Notices

Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information below.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **877-696-6775**, or visiting hhs.gov/ocr/privacy/hipaa/complaints.
- We will not retaliate against you for filing a complaint.

Contact the Privacy Officer

The Privacy Officer can be reached by mail at:

HR Solutions

PO Box 27

Boise, ID 83707-0027

Or

by telephone at **208-336-2110**

Or

by email to

privacy.officer@simplot.com

Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information for:

- Marketing purposes
- Sale of your information

Our uses & disclosures

How do we typically use or share your health information? We typically use or share your health

information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Operate our plan

We can use and disclose your information to run our plan and contact you when necessary.

Example: We use health information about you to develop better services for plan participants. Company employees who administer the plan have access to the plan's information as needed to operate the plan.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information with your spouse's plan to coordinate payment for your health care.

Administer your plan

We may use your health information to make claims and appeals decisions.

Example: We (or a claims administrator) decide appeals under the health plan.

How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [hhs.gov/ocr/privacy/hipaa/](https://www.hhs.gov/ocr/privacy/hipaa/)

[understanding/consumers/index.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't

Legal Notices

be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272). If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-013

STATE	WEBSITE/EMAIL	PHONE NUMBER
Alabama	Website: http://myalhipp.com/	855-692-5447
Alaska	The AK Health Insurance Premium Payment Program Medicaid: https://health.alaska.gov/dpa/Pages/default.aspx Website: http://myakhipp.com/ Email: CustomerService@MyAKHIPP.com	866-251-4861
Arkansas	Website: http://myarhipp.com/	855-692-7447
California	HIPP: http://dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov	916-445-8322 916-440-5676 (Fax)
Colorado	Health First Colorado: https://www.healthfirstcolorado.com/ CHP+: https://hcpf.colorado.gov/child-health-plan-plus Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/	800-221-3943/State Relay 711 800-359-1991/State Relay 711 855-692-6442
Florida	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html	877-357-3268
Georgia	GA HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp GA CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	678-564-1162, Press 1 678-564-1162, Press 2
Indiana	Health Insurance Premium Payment Program All other Medicaid: https://www.in.gov/medicaid/ Family and Social Services Administration: http://www.in.gov/fssa/dfr/	800-403-0864 800-457-4584
Iowa	Medicaid: Iowa Medicaid Health & Human Services Hawki: Hawki - Healthy and Well Kids in Iowa Health & Human Services HIPP: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov)	800-338-8366 800-257-8563 888-346-9562
Kansas	Website: https://www.kancare.ks.gov/	800-792-4884 800-967-4660 (HIPP)
Kentucky	KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Email: KIHIP.PPROGRAM@ky.gov KCHIP: https://kynect.ky.gov Kentucky Medicaid: https://chfs.ky.gov/agencies/dms	1-855-459-6328 1-877-524-4718
Louisiana	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp	888-342-6207 (Medicaid hotline) or 855-618-5488 (LaHIPP)
Maine	Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US Private Health Insurance Premium: https://www.maine.gov/dhhs/ofa/applications-forms	800-442-6003 TTY: Maine relay 711 800-977-6740 TTY: Maine relay 711
Massachusetts	Website: https://www.mass.gov/masshealth/pa Email: masspremassistance@accenture.com	800-862-4840 TTY: 711
Minnesota	Website: https://mn.gov/dhs/health-care-coverage/	800-657-3672
Missouri	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Email: HSHIPPProgram@mt.gov	800-694-3084

Legal Notices

STATE	WEBSITE/EMAIL	PHONE NUMBER
Nebraska	Website: http://www.ACCESSNebraska.ne.gov	855-632-7633 402-473-7000 (Lincoln) 402-595-1178 (Omaha)
Nevada	Medicaid: http://dhcfp.nv.gov	800-992-0900
New Hampshire	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	603-271-5218 800-852-3345, ext. 15218
New Jersey	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	800-356-1561 609-631-2392 (CHIP Premium Assistance) 800-701-0710 (TTY: 711) (CHIP)
New York	Website: https://www.health.ny.gov/health_care/medicaid/	800-541-2831
North Carolina	Website: https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota	Website: https://www.hhs.nd.gov/healthcare	844-854-4825
Oklahoma	Website: http://www.insureoklahoma.org	888-365-3742
Oregon	Website: http://healthcare.oregon.gov/Pages/index.aspx	800-699-9075
Pennsylvania	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html CHIP: Children's Health Insurance Program (CHIP) (pa.gov)	800-692-7462 800-986-5437 (CHIP)
Rhode Island	Website: http://www.eohhs.ri.gov/	855-697-4347 401-462-0311 (Direct Rlte Share Line)
South Carolina	Website: https://www.scdhhs.gov	888-549-0820
South Dakota	Website: http://dss.sd.gov	888-828-0059
Texas	Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services	800-440-0493
Utah	Utah's Premium Partnership for Health Insurance (UPP): https://medicaid.utah.gov/upp/ Email: upp@utah.gov Adult Expansion: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program: https://medicaid.utah.gov/buy-out-program/ CHIP: https://chip.utah.gov/	888-222-2542
Vermont	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access	800-250-8427
Virginia	Medicaid: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select HIPP: https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs	800-432-5924
Washington	Website: https://www.hca.wa.gov/	800-562-3022
West Virginia	Website: https://dhhr.wv.gov/bms/ Website: http://mywvhipp.com/	304-558-1700 (Medicaid) 855-699-8447 (CHIP)
Wisconsin	Website: https://www.dhs.wisconsin.gov/badger-careplus/p-10095.htm	800-362-3002
Wyoming	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	800-251-1269

Summary Annual Report

FOR J.R. SIMPLOT COMPANY GROUP HEALTH AND WELFARE PLAN

This is a summary of the annual report for the J.R. SIMPLOT COMPANY GROUP HEALTH AND WELFARE PLAN, EIN 82-0196611, Plan No. 501, for period January 1, 2024 through December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA). J.R. SIMPLOT COMPANY has committed itself to pay certain medical, dental and vision claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with Kaiser Foundation Health Plan Inc., Hawaii Medical Assurance Association, TELUS Health (US) Ltd., Cigna Health and Life Insurance Company, Federal Insurance Company, and Standard Insurance Company to pay certain medical, prescription drug, dental, vision, life insurance, accidental death and dismemberment insurance, long-term disability, business travel accident, HMO, and EAP claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2024 were \$9,472,286.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2024, the premiums paid under such "experience-rated" contracts were \$8,828,478 and the total of all benefit claims paid under these experience rated contracts during the plan year was \$3,061,412.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call:

J. R. SIMPLOT COMPANY
P.O. BOX 27
BOISE, ID 83707
(208) 336-2110

The charge to cover copying costs will be \$0 for the full annual report, or \$0 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan (J. R. SIMPLOT COMPANY, 1099 W FRONT STREET, BOISE, ID 83702) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Medicare Notice

Medicare Prescription Drug Notice: Important Notice from J.R. Simplot Company About Your Prescription Drug Coverage and Medicare

If you or a family member is eligible for Medicare, please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with J.R. Simplot Company and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. This notice applies to the Simplot Medical, the Hawaii Kaiser Health Maintenance Organization (HMO), the Hawaii Medical Assurance Association (HMAA) and the GeoBlue International Welfare Benefits programs provided through the J.R. Simplot Company Group Health and Welfare Plan.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Simplot has determined that the prescription drug coverage offered by the Simplot Medical, the Hawaii Kaiser Health Maintenance Organization (HMO), the Hawaii Medical Assurance Association (HMAA) and the GeoBlue International Welfare Benefits programs of the J.R. Simplot Company Group Health and Welfare Plan are, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and are considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from

October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Simplot coverage may be affected depending on which program you are enrolled in and whether your company coverage is primary or secondary. If your current Simplot coverage is primary under Medicare rules, then you can continue to participate in the prescription drug benefit under all Simplot medical programs, and the program will coordinate with your Medicare drug plan. If your current coverage is secondary under Medicare rules, then you should be aware that the prescription drug benefit for the Simplot Medical Program does not provide secondary coverage to other prescription drug plans; however, if your coverage is through the Hawaii Kaiser Health Maintenance Organization (HMO), the Hawaii Medical Assurance Association (HMAA) or the GeoBlue International Welfare Benefits programs, you can continue to participate in the prescription drug benefit, and the program will coordinate coverage with your Medicare drug plan. If you do decide to join a Medicare drug plan and drop your current Simplot coverage, be aware that you and your dependents will be able to get this coverage back at annual enrollment or upon occurrence of a qualifying event.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Simplot and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage:

- Contact Simplot HR Solutions at 208-780-7500.

Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Simplot changes. You may also request a copy of this notice at any time.

Medicare Notice

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help for paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2026 Version

Name of Entity/Sender: J.R. Simplot Company

Contact – Position Office: HR Solutions

Address: 1099 W. Front Street, Boise, ID 83702

Phone Number: 208-780-7500

Summary of Plan Changes

THE TABLE BELOW OUTLINES CHANGES MADE TO THE J.R. SIMPLOT COMPANY GROUP HEALTH & WELFARE PLAN AND THE J.R. SIMPLOT COMPANY FLEX PLAN, EFFECTIVE JANUARY 1, 2026.

Change	Description
Dependent Care Reimbursement Account – Maximum Contribution	Participants may contribute \$7,500 as an individual, or \$3,750, if married and filing separate tax returns, into a Dependent Care Reimbursement Account.
Immunizations	Immunization for Mpox will require no Deductible or Cost Sharing when obtained In-Network. The Plan will pay 60% of the Maximum Allowance after Deductible when obtained Out-of-Network.
Covered Services – Breast Cancer Screening	For Participants at Heightened Risk of Breast Cancer, one (1) Supplemental Breast Screening per Benefit Period will be covered at no cost when obtained In-Network. The Plan will pay 60% of the Maximum Allowance after Deductible when obtained Out-of-Network.
Covered Services – Ambulance Transportation Services	Coverage criteria for Emergency Ground and Air Ambulance Services is updated as follows: - Emergency Ground Ambulance transportation services are covered when all the following criteria are met: - The medical transport services comply with all applicable laws and must have all the appropriate, valid licenses and permits, - The ambulance or other medical transport services must have the necessary patient care equipment and supplies, - The Participant's condition must be such that any other form of transportation would be medically contraindicated, and - The Participant must be transported to the nearest hospital with the appropriate facilities for the treatment of the Participant's Illness or Injury or, in the case of organ transplantation, to the approved transplant facility, unless the nearest appropriate hospital is on divert or has no available beds or accepting Physician. Consideration can be made to allow a Participant to remain within a specific hospital network. - Emergency Air Ambulance transportation services from the site of accident, Injury or Illness are covered provided:

	a. All the above criteria for Emergency Ground Ambulance transportation services are met, and b. The Participant is in critical condition and/or has unstable vital signs, respiratory status or cardiac status, and either: i. The point of pick-up is inaccessible by land vehicle, or Ground Ambulance transportation is precluded due to adverse weather and/or road conditions (e.g., flooding, ice, or snow), or ii. Transportation by Ground Ambulance poses a threat to the Participant's survival or seriously endanger the Participant's health due to the time, distance, or instability of transportation by ground. Generally, the time and distance requirements are met if the total estimated time for transportation from the site of accident, Injury, or Illness is projected to be at least thirty (30) minutes shorter for Air Ambulance than for Ground Ambulance. 3. Emergency Air Ambulance transportation services from a health care Facility, hospital emergency department, or Inpatient setting, when all of the following criteria are met: a. The Participant is in critical condition, has unstable vital signs, unstable respiratory or cardiac status, b. The Participant requires acute medical or surgical intervention(s) that the transferring facility cannot provide, c. The Participant is being transferred to the nearest equivalent or higher level of acuity Inpatient facility unless the nearest appropriate hospital is on divert, has no available beds or accepting Physician, or the Air Ambulance cannot land (except consideration can be made to allow a Participant to remain within a specific hospital network), and d. Transportation by Ground Ambulance poses a threat to the Participant's survival or seriously endanger the Participant's health due to the time, distance, or instability of transportation by ground. Generally, the time and distance requirements are met if the total estimated time for transportation from the originating to the receiving facility is projected to be at least thirty (30) minutes shorter for Air Ambulance than for Ground Ambulance. 4. Ground Ambulance transportation services or Air Ambulance transportation services that are not for an Emergency Medical Condition require Prior Authorization.
Prescription Drug Benefits - Formulary	The formulary currently known as the Standard Formulary will be known as the Premium Formulary.
Life and AD&D Programs and Long-Term Disability Programs – Carrier Update	The benefits provided under the Basic Life and Accidental Death & Dismemberment Insurance Program, Voluntary Life and Accidental Death & Dismemberment Insurance Program, Long-Term Disability Program, and Voluntary Long Term-Disability Program will move from Standard Insurance to New York Life. All coverage in effect immediately prior to January 1, 2026, will transfer to New York Life. Refer to the New York Life Certificates of Coverage for coverage details. Any claims incurred before January 1, 2026, remain with Standard Insurance and should be submitted to Standard.

Voluntary Life and AD&D and Long-Term Disability Programs – Evidence of Insurability	During annual enrollment from October 17, 2025, to October 31, 2025, participants may elect or increase voluntary life insurance and long-term disability coverage without providing evidence of insurability (EOI). Participants may elect or increase Voluntary Life and AD&D insurance coverage up to a guaranteed amount of \$500,000. Participants may elect Voluntary Spouse Life and AD&D insurance up to \$30,000. Participants may elect Voluntary Long-Term Disability (LTD) coverage without EOI.
New York Life - Value Add Services	Eligible employees and dependents will have access to New York Life's Empathy, Survivor Assistance, Survivor Support, and Secure Travel Programs.
Voluntary Life and AD&D – Rates	Age banded rates no longer consider tobacco use. The same rate tables are applied to all participants regardless of tobacco use.
Dependent Life and AD&D – Eligibility	The definition of child no longer requires an eligible child to be unmarried. Child means your child from live birth to age 26.

This document is a summary of material modifications (SMM) that describes some important changes to the J. R. Simplot Company Group Health & Welfare Plan and the J.R. Simplot Company Flex Plan. This SMM is intended to be part of your Summary Plan Description (SPD) and should be kept with your other benefits materials. If the information in the SMM or the SPD and the official plan document conflicts, the plan document will govern in all cases. This SMM is for informational purposes only and may contain information on programs that are not applicable to all employees. Your receipt of this SMM does not waive any eligibility requirements for any Simplot benefit plan or program. This SMM does not change the terms of your employment with Simplot.

Simplot Benefits Service Center

<https://employee.simplot.com>

(Click the Empyrean Benefits Enrollment tile)

800-254-3252

