

*Home Office: Bloomfield, Connecticut
Mailing Address: Hartford, Connecticut 06152*

CIGNA HEALTH AND LIFE INSURANCE COMPANY

a Cigna company (hereinafter called Cigna)

CERTIFICATE RIDER

No. CR7BIASO38B-2

Policyholder: The Mosaic Company

Rider Eligibility: Each Employee as reported to the insurance company by your Employer

Policy No. or Nos. 3333319-OAPCO/OAPCH/OAPCE

EFFECTIVE DATE: January 1, 2023

You will become insured on the date you become eligible if you are in Active Service on that date or if you are not in Active Service on that date due to your health status. If you are not insured for the benefits described in your certificate on that date, the effective date of this certificate rider will be the date you become insured.

This certificate rider forms a part of the certificate issued to you by Cigna describing the benefits provided under the policy(ies) specified above.



Geneva Cambell Brown, Corporate Secretary

HC-RDR1

04-10
V1



The pages in your certificate coded **HC-COV1122** and **HC-COV980** are replaced by the pages coded **HC-COV1122V1** and **HC-COV1180** attached to this certificate rider.

The section entitled **Virtual Care, Mental Health** and **Substance Use Disorder** in THE SCHEDULE —**Open Access Plus Medical Benefits**— in your certificate is changed to read as attached.

| Open Access Plus Medical Benefits | | |
|---|---|---|
| The Schedule | | |
| BENEFIT HIGHLIGHTS | IN-NETWORK | OUT-OF-NETWORK |
| <p>Virtual Care</p> <p>Dedicated Virtual Providers</p> <p>Dedicated virtual care services may be provided by MDLIVE, a Cigna affiliate.</p> <p>Services available through contracted virtual providers as medically appropriate.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Primary Care cost share applies to routine care. Virtual wellness screenings are payable under preventive care. • MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below). • Lab services supporting a virtual visit must be obtained through dedicated labs. <p>MDLIVE Urgent Care Services</p> <p>MDLIVE Primary Care Services</p> <p>MDLIVE Specialty Care Services</p> <p>Virtual Physician Services</p> <p>Services available through Physicians as medically appropriate.</p> <p>Note:</p> <p>Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).</p> <p>Physician Virtual Office Visit</p> | <p>No charge after the \$10 per visit copay</p> <p>No charge after the \$40 per visit copay</p> <p>No charge after the \$60 per visit copay</p> <p>No charge after the \$40 PCP or \$60 Specialist per office visit copay</p> | <p>In-Network coverage only</p> <p>In-Network coverage only</p> <p>In-Network coverage only</p> <p>55% of the Maximum Reimbursable Charge after plan deductible</p> |

Open Access Plus Medical Benefits
The Schedule

| BENEFIT HIGHLIGHTS | IN-NETWORK | OUT-OF-NETWORK |
|--|---|---|
| <p>Mental Health</p> <p>Inpatient Includes Acute Inpatient and Residential Treatment</p> <p>Calendar Year Maximum: Unlimited</p> <p>Outpatient Outpatient - Office Visits Includes individual, family and group psychotherapy; medication management, virtual care, etc.</p> <p>Calendar Year Maximum: Unlimited</p> <p>Dedicated Virtual Providers MDLIVE Behavioral Services</p> <p>Outpatient - All Other Services Includes Partial Hospitalization, Intensive Outpatient Services, virtual care, etc.</p> <p>Calendar Year Maximum: Unlimited</p> | <p>75% after plan deductible</p> <p>\$60 per visit copay</p> <p>No charge after the \$60 per visit copay</p> <p>75% after plan deductible</p> | <p>55% of the Maximum Reimbursable Charge after plan deductible</p> <p>55% of the Maximum Reimbursable Charge after plan deductible</p> <p>In-Network coverage only</p> <p>55% of the Maximum Reimbursable Charge after plan deductible</p> |

| Open Access Plus Medical Benefits | | |
|--|--|--|
| The Schedule | | |
| BENEFIT HIGHLIGHTS | IN-NETWORK | OUT-OF-NETWORK |
| <p>Substance Use Disorder</p> <p>Inpatient Includes Acute Inpatient Detoxification, Acute Inpatient Rehabilitation and Residential Treatment</p> <p>Calendar Year Maximum: Unlimited</p> <p>Outpatient Outpatient - Office Visits Includes individual, family and group psychotherapy; medication management, virtual care, etc.</p> <p>Calendar Year Maximum: Unlimited</p> <p>Dedicated Virtual Providers MDLIVE Behavioral Services</p> <p>Outpatient - All Other Services Includes Partial Hospitalization, Intensive Outpatient Services, virtual care, etc.</p> <p>Calendar Year Maximum: Unlimited</p> | <p>75% after plan deductible</p> <p>\$60 per visit copay</p> <p>No charge after the \$60 per visit copay</p> <p>75% after plan deductible</p> | <p>55% of the Maximum Reimbursable Charge after plan deductible</p> <p>55% of the Maximum Reimbursable Charge after plan deductible</p> <p>In-Network coverage only</p> <p>55% of the Maximum Reimbursable Charge after plan deductible</p> |

Open Access Plus Medical Benefits

Covered Expenses

The term Covered Expenses means expenses incurred by a person while covered under this plan for the charges listed below for:

- preventive care services; and
- services or supplies that are Medically Necessary for the care and treatment of an Injury or a Sickness, as determined by Cigna.

As determined by Cigna, Covered Expenses may also include all charges made by an entity that has directly or indirectly contracted with Cigna to arrange, through contracts with providers of services and/or supplies, for the provision of any services and/or supplies listed below. **Any applicable Copayments, Deductibles or limits are shown in The Schedule.**

Covered Expenses

- charges for inpatient Room and Board and other Necessary Services and Supplies made by a Hospital, subject to the limits as shown in The Schedule.
- charges for inpatient Room and Board and other Necessary Services and Supplies made by an Other Health Care Facility, including a Skilled Nursing Facility, a Rehabilitation Hospital or a subacute facility as shown in The Schedule.
- charges for licensed Ambulance service to the nearest Hospital where the needed medical care and treatment can be provided.
- charges for outpatient medical care and treatment received at a Hospital.
- charges for outpatient medical care and treatment received at a Free-Standing Surgical Facility.
- charges for Emergency Services.
- charges for Urgent Care.
- charges by a Physician or a Psychologist for professional services.
- charges by a Nurse for professional nursing service.
- charges for anesthetics, including, but not limited to supplies and their administration.
- charges for diagnostic x-ray.
- charges for advanced radiological imaging, including for example CT Scans, MRI, MRA and PET scans and laboratory examinations, x-ray, radiation therapy and radium and radioactive isotope treatment and other therapeutic radiological procedures.

- charges for chemotherapy.
 - charges for blood transfusions.
 - charges for oxygen and other gases and their administration.
 - charges for Medically Necessary foot care for diabetes, peripheral neuropathies, and peripheral vascular disease.
 - charges for screening prostate-specific antigen (PSA) testing.
 - charges for laboratory services, radiation therapy and other diagnostic and therapeutic radiological procedures.
 - charges made for Family Planning, including medical history, physical exam, related laboratory tests, medical supervision in accordance with generally accepted medical practices, other medical services, information and counseling on contraception, implanted/injected contraceptives, after appropriate counseling, medical services connected with surgical therapies (tubal ligations, vasectomies).
 - charges for the following preventive care services as defined by recommendations from the following:
 - the U.S. Preventive Services Task Force (A and B recommendations);
 - the Advisory Committee on Immunization Practices (ACIP) for immunizations;
 - the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care;
 - the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children; and
 - with respect to women, evidence-informed preventive care and screening guidelines supported by the Health Resources and Services Administration.
- Detailed information is available at www.healthcare.gov. For additional information on immunizations, visit the immunization schedule section of www.cdc.gov.
- charges for surgical and non-surgical treatment of Temporomandibular Joint Dysfunction (TMJ).
 - charges for acupuncture.
 - charges for hearing aids and associated exam for device testing and fitting, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
 - Medically Necessary orthognathic surgery to repair or correct a severe facial deformity or disfigurement.

Virtual Care

Dedicated Virtual Providers

Includes charges for the delivery of real-time medical and health-related services, consultations and remote monitoring by dedicated virtual providers as medically appropriate through audio, video and secure internet-based technologies.

Includes charges for the delivery of mental health and substance use disorder-related services, consultations, and remote monitoring by dedicated virtual providers as appropriate through audio, video and secure internet-based technologies.

Virtual Physician Services

Includes charges for the delivery of real-time medical and health-related services, consultations and remote monitoring as medically appropriate through audio, video and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting.

Includes charges for the delivery of real-time mental health and substance use disorder consultations and services, via secure telecommunications technologies that shall include video capability, telephone and internet, when such consultations and services are delivered by a behavioral provider and are similar to office visit services provided in a face-to-face setting.

Convenience Care Clinic

Convenience Care Clinics provide for common ailments and routine services, including but not limited to, strep throat, ear infections or pink eye, immunizations and flu shots.

Nutritional Counseling

Charges for nutritional counseling when diet is a part of the medical management of a medical or behavioral condition.

Enteral Nutrition

Enteral Nutrition means medical foods that are specially formulated for enteral feedings or oral consumption.

Coverage includes medically approved formulas prescribed by a Physician for treatment of inborn errors of metabolism (e.g., disorders of amino acid or organic acid metabolism).

Internal Prosthetic/Medical Appliances

Charges for internal prosthetic/medical appliances that provide permanent or temporary internal functional supports for non-functional body parts are covered. Medically Necessary repair, maintenance or replacement of a covered appliance is also covered.

Hospice Care Services

Charges for services for a person diagnosed with advanced illness having a life expectancy of twelve or fewer months. Services provided by a Hospice Care Program are available to those who have ceased treatment and to those continuing to receive curative treatment and therapies.

Hospice Care Programs rendered by Hospice Facilities or Hospitals include services:

- by a Hospice Facility for Room and Board and Services and Supplies;
- by a Hospice Facility for services provided on an outpatient basis;
- by a Physician for professional services;
- by a Psychologist, social worker, family counselor or ordained minister for individual and family counseling;
- for pain relief treatment, including drugs, medicines and medical supplies;

Hospice Care Programs rendered by Other Health Care Facilities or in the Home include services:

- for part-time or intermittent nursing care by or under the supervision of a Nurse;
 - for part-time or intermittent services of an Other Health Professional;
 - physical, occupational and speech therapy;
 - medical supplies;
 - drugs and medicines lawfully dispensed only on the written prescription of a Physician;
 - laboratory services;
- but only to the extent such charges would have been payable under the policy if the person had remained or been Confined in a Hospital or Hospice Facility.

The following charges for Hospice Care Services are not included as Covered Expenses:

- services of a person who is a member of your family or your Dependent's family or who normally resides in your house or your Dependent's house;
- services for any period when you or your Dependent is not under the care of a Physician;
- services or supplies not listed in the Hospice Care Program;
- to the extent that any other benefits are payable for those expenses under the policy;
- services or supplies that are primarily to aid you or your Dependent in daily living.