



October 1, 2020

TO: Mosaic Employees

FROM: Mosaic Benefits

SUBJECT: Required Benefit Program Notices

Under Federal law, Mosaic is required to annually furnish the following notices that pertain to The Mosaic Company Comprehensive Benefit Program and the annual open enrollment process. **These documents are for informational purposes only. No response or action is required by you. You should keep them with your Mosaic benefits information.**

Notice	Purpose
▪ Summary of Benefits Coverage (SBC)	To provide standardized descriptions of medical plan coverages for ease of plan comparison and improved understanding of benefits.
▪ Section 1557 of the Affordable Care Act	The Mosaic Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age disability, or sex. The Section 1557 notice can be located at the end of the Cigna Summary of Benefits Coverage (SBC).
▪ Premium Assistance Under Medicaid and Children’s Health Insurance Program (CHIP)	To advise employees covered by Medicaid or with children covered under CHIP of possible financial assistance with premiums for Mosaic medical plan coverage.
▪ Medicare Part D Creditable Coverage	To advise employees that prescription drug coverage offered through the 2021 benefit plans under either Mosaic medical plan is considered “creditable” since average Rx benefits are equal to or greater than Medicare drug coverage.
▪ Family Medical Leave (FMLA)	To advise employees of their right to continue Mosaic medical plan coverage during a leave of absence under the Family Medical Leave Act. Employees who exercise this right are required to pay the premiums for their elected medical coverage.

Notice	Purpose
<ul style="list-style-type: none"> ▪ Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules 	<p>How personal health information relating to employees and dependents is used by providers, CIGNA and Mosaic to determine benefits, to operate health care services and other administrative purposes while complying with HIPAA privacy rules.</p>
<ul style="list-style-type: none"> • Mosaic Wellness Program 	<p>To explain how employees who voluntarily choose to participate in the Mosaic wellness program may earn cash incentives. To disclose Mosaic's obligation to protect and keep private personal health information gathered from a personal health assessment, health screening and other program activities.</p>
<ul style="list-style-type: none"> • HIPAA Special Enrollment Rights 	<p>To advise employees who initially choose not to cover their spouse or eligible dependents under Mosaic medical plans but who later wish to do so due to the occurrence of a specific event, the timing for making such an election.</p>
<ul style="list-style-type: none"> • Women's Health and Cancer Rights 	<p>For covered employees or dependents that are female. Mosaic medical plans include mastectomy-related services including breast reconstruction.</p>
<ul style="list-style-type: none"> ▪ Newborn and Mother's Protection 	<p>For hospitalizations of mothers and or newborns following birth, details their rights under Mosaic medical plans to specific lengths of stay.</p>
<ul style="list-style-type: none"> ▪ Patient Protection Disclosure 	<p>To advise members of their rights to (1) choose a primary care provider or a pediatrician when a plan or issuer requires designation of a primary care physician; or (2) obtain obstetrical or gynecological care without prior authorization.</p>
<ul style="list-style-type: none"> ▪ 2019 Summary Annual Report 	<p>To provide a summary of the annual reports of certain employee health and welfare benefit plans as required under the Employee Retirement Income Security Act of 1974 (ERISA)</p>

If you have questions about the notices, please contact HR Connect Benefits at 1-855-660-6947 or HRConnect.Benefits@mosaicco.com.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, go online at www.cigna.com/sp. For definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-800-Cigna24 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For in-network providers : \$1,000/individual or \$2,000/family For out-of-network providers : \$2,000/individual or \$4,000/family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible?	Yes. In-network preventive care & immunizations, office visits, emergency room visits, urgent care facility visits.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For in-network providers : \$5,000/individual or \$10,000/family For out-of-network providers : \$10,000/individual or \$20,000/family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Penalties for failure to obtain pre-authorization for services, premiums , balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See www.cigna.com or call 1-800-Cigna24 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 copay /visit Deductible does not apply	45% coinsurance	None
	Specialist visit	\$60 copay /visit Deductible does not apply	45% coinsurance	None
	Preventive care/ screening/ immunization	No charge/visit** No charge/ screening ** No charge/immunizations** ** Deductible does not apply	45% coinsurance /visit 45% coinsurance / screening 45% coinsurance / immunizations	None None None You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	25% coinsurance	45% coinsurance	None
	Imaging (CT/PET scans, MRIs)	25% coinsurance	45% coinsurance	50% penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.express-scripts.com/themosaiccompany	Generic drugs (Tier 1)	\$10 copay/prescription (retail)\$25 copay/prescription (mail order)	Not covered	Coverage is limited to up to a 30-day supply (retail) and up to a 90-day supply (home delivery).
	Preferred brand drugs (Tier 2)	25% coinsurance \$20 min/\$50 max (retail) 25% coinsurance \$50 min/\$125 max (mail order)	Not covered	
	Non-preferred brand drugs (Tier 3)	40% coinsurance \$40 min/\$100 max (retail) 25% coinsurance \$100 min/\$250 max (mail order)	Not covered	
	Specialty drugs (Tier 4)	25% coinsurance \$50 min/\$250 max (mail order)	Not covered	Coverage is limited to up to a 30-day supply (retail) and up to a 90-day supply (home delivery). Contact your employer for non-Cigna coverage that may be available.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	25% coinsurance	45% coinsurance	50% penalty for no out-of-network precertification.
	Physician/surgeon fees	25% coinsurance	45% coinsurance	50% penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$200 copay /visit Deductible does not apply	\$200 copay /visit Deductible does not apply	Per visit copay is waived if admitted
	Emergency medical transportation	25% coinsurance	25% coinsurance	None
	Urgent care	\$60 copay /visit Deductible does not apply	\$60 copay /visit Deductible does not apply	Per visit copay is waived if admitted
If you have a hospital stay	Facility fee (e.g., hospital room)	25% coinsurance	45% coinsurance	50% penalty for no out-of-network precertification.
	Physician/surgeon fees	25% coinsurance	45% coinsurance	50% penalty for no out-of-network precertification.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$60 copay /office visit** 25% coinsurance /all other services ** Deductible does not apply	45% coinsurance /office visit 45% coinsurance /all other services	50% penalty if no precert of out-of-network non-routine services (i.e., partial hospitalization, etc.).
	Inpatient services	25% coinsurance	45% coinsurance	50% penalty for no out-of-network precertification.
If you are pregnant	Office visits	25% coinsurance	45% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Cost sharing does not apply for preventive services . Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	25% coinsurance	45% coinsurance	
	Childbirth/delivery facility services	25% coinsurance	45% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	25% coinsurance	45% coinsurance	50% penalty for no out-of-network precertification. 16 hour maximum per day
	Rehabilitation services	\$40 copay /PCP visit** \$60 copay / Specialist visit** ** Deductible does not apply	45% coinsurance /PCP visit 45% coinsurance / Specialist visit	50% penalty for failure to precertify out-of-network speech therapy services. Coverage is limited to annual max of: 90 days for Rehabilitation services ; 36 days for Cardiac rehab services; 20 days for Chiropractic care services Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Habilitation services	\$40 copay /PCP visit** \$60 copay / Specialist visit** ** Deductible does not apply	45% coinsurance /PCP visit 45% coinsurance / Specialist visit	Services are covered when Medically Necessary to treat a mental health condition (e.g. autism). 50% penalty for failure to precertify out-of-network speech therapy services. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Skilled nursing care	25% coinsurance	45% coinsurance	50% penalty for no out-of-network precertification. Coverage is limited to 120 days annual max.
	Durable medical equipment	25% coinsurance	45% coinsurance	50% penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Hospice services	25% coinsurance /inpatient; 25% coinsurance /outpatient services	45% coinsurance /inpatient; 45% coinsurance /outpatient services	50% penalty for failure to precertify out-of-network inpatient hospice services .
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Dental care (Children) • Eye care (Children) | <ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing | <ul style="list-style-type: none"> • Routine eye care (Adult) • Routine foot care • Weight loss programs |
|--|--|---|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Acupuncture • Bariatric Surgery (in-network only) | <ul style="list-style-type: none"> • Chiropractic care (20 days) • Hearing aids (\$3,000 maximum per 36 months) | <ul style="list-style-type: none"> • Infertility treatment |
|--|---|---|

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

-----*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*-----

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist copayment](#) \$60
- Hospital (facility) [coinsurance](#) 25%
- Other [coinsurance](#) 25%

This EXAMPLE event includes services like:
[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,000
Copayments	\$40
Coinsurance	\$2,900
<i>What isn't covered</i>	
Limits or exclusions	\$30
The total Peg would pay is	\$3,970

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist copayment](#) \$60
- Hospital (facility) [coinsurance](#) 25%
- Other [coinsurance](#) 25%

This EXAMPLE event includes services like:
[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$120
Copayments	\$400
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$4,300
The total Joe would pay is	\$4,820

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist copayment](#) \$60
- Hospital (facility) [coinsurance](#) 25%
- Other [coinsurance](#) 25%

This EXAMPLE event includes services like:
[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$980
Copayments	\$500
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,480

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

PAGE INTENTIONALLY BLANK

DISCRIMINATION IS AGAINST THE LAW

This notice applies to the Mosaic Company Medical Program which is a component of the Mosaic Company Comprehensive Welfare Benefit Plan.

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LỜI Ỗ: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki deyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけません。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره‌گیری کنید).



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go online at www.cigna.com/sp. For definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-800-Cigna24 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>For in-network providers: \$2,800/individual - employee only or \$5,600/family maximum For out-of-network providers: \$5,600/individual - employee only or \$11,200/family maximum Combined medical/behavioral and pharmacy deductible Amount your employer contributes to your account: Up to \$750/individual or \$1,500/family The employer contribution to your health savings account is pro-rated based on your date of hire.</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. In-network preventive care & immunizations.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>For in-network providers: \$4,000/individual - employee only or \$8,000/family maximum For out-of-network providers: \$8,000/individual - employee only or \$16,000/family maximum Combined medical/behavioral and pharmacy out-of-pocket limit</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Penalties for failure to obtain pre-authorization for services, premiums, balance-billing charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See www.cigna.com or call 1-800-Cigna24 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance /visit	40% coinsurance	None
	Specialist visit	20% coinsurance /visit	40% coinsurance	None
	Preventive care/ screening/ immunization	No charge/visit** No charge/ screening ** No charge/immunizations** ** Deductible does not apply	40% coinsurance /visit 40% coinsurance/ screening 40% coinsurance/ immunizations	None None None You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	50% penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.cexpress-scripts.com/themosaiccompany	Generic drugs (Tier 1)	20% coinsurance (retail and mail order)	Not covered	Coverage is limited up to a 30-day supply (retail) and up to a 90-day supply (home delivery)
	Preferred brand drugs (Tier 2)	20% coinsurance (retail and mail order)	Not covered	
	Non-preferred brand drugs (Tier 3)	20% coinsurance (retail and mail order)	Not covered	
	Specialty drugs (Tier 4)	20% coinsurance (retail and mail order)	Not covered	Coverage is limited up to a 30-day supply (retail) and up to a 90-day supply (home delivery) Coverage is limited up to a 30-day supply (retail) and up to a 90-day supply (home delivery) Coverage is limited up to a 30-day supply (retail) and up to a 90-day supply (home delivery) Contact your employer for non-Cigna coverage that may be available.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	50% penalty for no out-of-network precertification.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	50% penalty for no out-of-network precertification.
If you need immediate medical attention	Emergency room care	20% coinsurance	20% coinsurance	None
	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	20% coinsurance	20% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	50% penalty for no out-of-network precertification.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	50% penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% coinsurance /office visit 20% coinsurance /all other services	40% coinsurance /office visit 40% coinsurance /all other services	50% penalty if no precert of out-of-network non-routine services (i.e., partial hospitalization, etc.).
	Inpatient services	20% coinsurance	40% coinsurance	50% penalty for no out-of-network precertification.
If you are pregnant	Office visits	20% coinsurance	40% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Cost sharing does not apply for preventive services . Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	40% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	50% penalty for no out-of-network precertification. 16 hour maximum per day
	Rehabilitation services	20% coinsurance /visit	40% coinsurance /visit	50% penalty for failure to precertify out-of-network speech therapy services. Coverage is limited to annual max of: 90 days for Rehabilitation services ; 36 days for Cardiac rehab services; 20 days for Chiropractic care services Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Habilitation services	20% coinsurance /visit	40% coinsurance /visit	Services are covered when Medically Necessary to treat a mental health condition (e.g. autism). 50% penalty for failure to precertify out-of-network speech therapy services. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Skilled nursing care	20% coinsurance	40% coinsurance	50% penalty for no out-of-network precertification. Coverage is limited to 120 days annual max.
	Durable medical equipment	20% coinsurance	40% coinsurance	50% penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Hospice services	20% coinsurance /inpatient; 20% coinsurance /outpatient services	40% coinsurance /inpatient; 40% coinsurance /outpatient services	50% penalty for failure to precertify out-of-network inpatient hospice services .
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Dental care (Children) • Eye care (Children) | <ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing | <ul style="list-style-type: none"> • Routine eye care (Adult) • Routine foot care • Weight loss programs |
|--|--|---|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Acupuncture • Bariatric Surgery (in-network only) | <ul style="list-style-type: none"> • Chiropractic care (20 days) • Hearing aids (\$3,000 maximum per 36 months) | <ul style="list-style-type: none"> • Infertility treatment |
|--|---|---|

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

-----*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*-----

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$2,800
- [Specialist coinsurance](#) 20%
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:
[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$1,200
<i>What isn't covered</i>	
Limits or exclusions	\$30
The total Peg would pay is	\$4,030

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$2,800
- [Specialist coinsurance](#) 20%
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:
[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$500
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$3,320

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$2,800
- [Specialist coinsurance](#) 20%
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:
[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

PAGE INTENTIONALLY BLANK

DISCRIMINATION IS AGAINST THE LAW

This notice applies to the Mosaic Company Medical Program which is a component of the Mosaic Company Comprehensive Welfare Benefit Plan.

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고, 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki deyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره‌گیری کنید).



The Mosaic Company CHIP/MEDICAID NOTICE

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 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, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442



<p align="center">ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p align="center">FLORIDA – Medicaid</p> <p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p align="center">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p align="center">GEORGIA – Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 1-678-564-1162 ext 2131</p>
<p align="center">CALIFORNIA – Medicaid</p> <p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Fax: 1-916-440-5676 Phone: 1-916-552-9200</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: https://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p>	<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>



<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline), or 1-877-2LaCHIP (1-877-252-2447) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p align="center">VERMONT – Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 or 1-855-242-8282 CHIP Website: https://www.coverva.org/ (select the 'Programs' tab and then select 'Premium Assistance') CHIP Phone: 1-855-242-8282</p>
<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>



SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, 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
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



Mosaic is required to provide the following notice regarding prescription drug coverage.
This notice is informational only. No action is required by you.

Important Notice from Mosaic about Your 2021 Prescription Drug Coverage and Medicare

This notice affects you if you are eligible for Medicare or you have a spouse or dependent who is eligible for Medicare. You may also need the information in this notice if/when you or your spouse or your dependent(s) becomes Medicare eligible. The purpose of this notice is to advise you that the prescription drug coverage you have under The Mosaic Company Medical Program is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay. (This is known as "Creditable Coverage.")

We are required to provide you with this notice about your prescription drug coverage. You should keep this notice with your important records.

Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Mosaic 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.

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. Mosaic has determined that the prescription drug coverage offered by the Mosaic Company Medical Program is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) 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 (or are losing) 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 Mosaic coverage may be affected.

Your Mosaic coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the Mosaic plan pays primary). You and your covered family members that join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits under the Mosaic Company Medical Program. Medicare prescription drug coverage will be secondary for you or the covered family members that join a Medicare prescription drug plan.

The Mosaic Company Medical Program also will pay primary to Medicare to the extent that you are under age 65 and eligible for Medicare because of End-Stage Renal Disease (ESRD) during the 30-month coordination period. If you become eligible for Medicare due to age or disability (other than ESRD), then Medicare will pay primary and the Mosaic Company Medical Program will pay secondary.

If you do decide to join a Medicare drug plan and drop your current Mosaic coverage, be aware that you and your dependent(s) will not be able to get this coverage back until the next open enrollment period or you experience a qualifying life 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 creditable coverage with Mosaic 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 join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact HR Connect at 855-660-6947.



The Mosaic Company
13830 Circa Crossing Drive
Lithia, FL 33547

NOTE: You will 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 Mosaic changes. You also may request a copy of this notice at any time.

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 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: 09/17/2020
Name of Entity: The Mosaic Company
Contact: HR Connect
Address: 13830 Circa Crossing Drive
Lithia, FL 33547

Phone Number: (855) 660-6947



EMPLOYEE RIGHTS **UNDER THE FAMILY AND MEDICAL LEAVE ACT**

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave within a 12-month period to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for or bond with a child after birth, or placement for adoption or foster care (leave must be used within one year of birth or placement);
- To care for the employee's spouse, child or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees whose spouse, child or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees who are the spouse, son, daughter, parent, or next of kin to a covered service member with a serious injury or illness to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current service members and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had not taken leave. Upon return from FMLA leave, most employees must be restored to their same job or one nearly identical to it with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.



Use of Leave When FMLA leave is due to a serious health condition or for military-family leave, an employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Requesting Leave

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 day notice is not possible, the employee must provide notice as soon as possible and practicable under the circumstances. Employees must comply with an employer's normal call-in procedures. Notice for **Intermittent or Reduced Work Schedule Leave** must be provided to Mosaic's third party administrator within 48 hours following each intermittent absence.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any

additional information required as well as rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of or the attempt to exercise any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

Fitness-For-Duty Certification

An employee on FMLA leave for their own Serious Health Condition lasting more than three days may be required to submit a fitness-for-duty certificate on a form provided by Mosaic or its representative to be completed by the employee's health care provider releasing the employee for active work.



NOTICE OF PRIVACY PRACTICES

(Effective October 1, 2020)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact HR Connect at 855-660-6947.

The Mosaic Company's health plans are required by law to maintain the privacy of your Health Information and to provide you with this notice of their legal duties and privacy practices with respect to your Health Information and to notify you following a breach of unsecured Health Information. This notice is being issued to comply with the requirements of the Privacy Rules under the Health Insurance Portability and Accountability Act ("HIPAA Privacy Rules").

WHO SHOULD READ THIS NOTICE?

This notice is for participants enrolled in the health plans listed below that are sponsored by The Mosaic Company and its affiliates (collectively the "Company").

WHAT IS HEALTH INFORMATION?

For purposes of this notice, your "Health Information" is information held by the health plans that identifies you and relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present, or future payment for health care furnished to you. It includes genetic information as defined under Title I of the Genetic Information Nondiscrimination Act of 2008.

WHAT GROUP HEALTH PLANS ARE COVERED BY THIS NOTICE?

The following health plans are covered by this notice (collectively the "Plans"): The Mosaic Company Comprehensive Welfare Benefit Plan (which includes the health plan and the health flexible spending account) and The Mosaic Company Retiree Medical Plan.

The term "we," "our" or "us" in this notice refers to the Plans listed above and may include third-party administrators and selected Company employees, who conduct plan administration functions. The term "you" or "your" refers to employees and dependents who

participate in a health plan covered by this notice.

All of the health plans sponsored by the Company are part of an organized health care arrangement. This means that these health plans may share your Health Information with each other as needed for the purposes of payment and health care operations, as described in this notice.

HOW ARE THE PLANS ADMINISTERED?

The Plans do not have employees. Instead, employees of the Company or third-party administrators administer the Plans. For example, Cigna is the primary third-party administrator for the health plan. Each third-party administrator has contractually agreed to keep your Health Information confidential, in compliance with HIPAA Privacy Rules. In addition, certain Company employees perform administrative services for the Plans. When these employees perform plan administration functions on behalf of the Plans, they keep your Health Information separate and do not share it with other employees within the Company unless permitted by the HIPAA Privacy Rules.

HOW MAY YOUR HEALTH INFORMATION BE USED OR DISCLOSED?

The following categories describe the different ways your Health Information may be used or



disclosed. Each permitted use or disclosure falls within one of these categories. However, not every specific use or disclosure permitted in each category is described.

Payment. Your Health Information will be used for payment purposes. Payment includes, among other things:

- paying claims from providers for any covered treatment and services provided to you;
- determining disputed claims, eligibility for benefits, coordination of benefits, and cost sharing arrangements;
- asserting our right to subrogation and reimbursement;
- examining medical necessity;
- obtaining payment under stop loss insurance;
- claim management and collection activities; and
- conducting utilization review.

We may not however use or disclose any Health Information that is genetic information for underwriting purposes.

Example

When you obtain a covered health service, your provider may submit Health Information to us, and we may create or access Health Information to arrange payment of the claim.

Health Care Operations. Your Health Information may be used to operate and administer the Plans. These operations include, among other things, engaging in care coordination, case management, disease management, risk assessment, premium determination, audit functions, detection of fraud and abuse and quality assessments and improvement activities. We may not however use or disclose any Health Information that is genetic information for underwriting purposes.

Health care operations includes, among other things:

- quality assessment and improvement activities;

- disease management, case management and care coordination;
- activities designed to improve health or reduce health care costs;
- wellness programs; and
- fraud and abuse detection and compliance programs.

Example

If you are diagnosed with a chronic disease, your Health Information may be used for purposes of disease management. This means you may be contacted by our disease management specialists about possible treatment alternatives.

Treatment. Your Health Information may be disclosed to health care providers (doctors, nurses, technicians, dentists, pharmacists, hospitals and other individuals who are involved in your care) in connection with your treatment.

Example

Your Health Information may be disclosed to your pharmacist who may request it to coordinate a pending prescription with prior prescriptions.

Plan Sponsor. Your Health Information may be disclosed to or used by the Company, as Plan Sponsor, for the purpose of conducting plan administration functions, as permitted by the HIPAA Privacy Rules. The Company will not, however, use or disclose your Health Information created by or received from the Plans for any employment-related functions, without your authorization.

Business Associates. Third-party administrators, auditors, attorneys, consultants and the like (“business associates”) will be hired to assist in operating and administering the Plans. Our business associates may use or disclose your Health Information to perform the services for which they have been hired. To protect your Health Information, each business associate must sign a contract limiting its ability to use and disclose Health Information and



requiring it to implement appropriate safeguards.

Communication with You and Your Family.

Generally, the Company will not discuss your Health Information with you or your family members without a specific signed authorization, unless it relates to basic eligibility or enrollment questions. Rather, inquiries from you or your family members will be directed to the appropriate third-party administrator.

Unless you object, the third-party administrator may disclose your Health Information to a family member, other relative, person authorized by law, or any other person you identify as involved in your care or the payment related to your care. Only Health Information relevant to that person's involvement in your care or the payment related to your care will be disclosed. You can restrict this disclosure at any time, subject to certain limitations. If you are incapacitated or in the event of an emergency, the third-party administrator will exercise professional judgment to determine whether a disclosure of this type is in your best interest.

Example

The third-party administrators for the Plans will communicate with a covered employee about the claims payment information relating to the covered spouse or dependent of such employee, unless the covered spouse or dependent has requested (and the Plan has agreed) that the use or disclosure of such information is restricted.

Health Education. Your Health Information may be used to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Judicial or Administrative Proceedings.

Your Health Information may be disclosed in response to a court or administrative order, subpoena, discovery request or other lawful process if certain conditions are met and the required assurances are received.

As Required by Law. Your Health Information may be disclosed if such disclosure is required by law (e.g., to federal governmental agencies, such as the Department of Health and Human Services for the purpose of determining compliance with HIPAA Privacy Rules).

Public Health Activities. Your Health Information may be disclosed to public health or other appropriate authorities to lessen a serious and imminent threat to the health or safety of you or the public, including abuse of a vulnerable adult or child, subject to certain limitations and conditions.

Parents of Minors. Health Information of a minor child, in most cases, will be disclosed to a parent or guardian of that minor, subject to certain limitations imposed by State law.

Workers' Compensation. Your Health Information may be used to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

Other Permitted Uses and Disclosures. Your Health Information also may be disclosed to prevent abuse, neglect or domestic violence; for health oversight activities; for the purpose of conducting research; for law enforcement purposes; to coroners, medical examiners or funeral directors; for purposes of organ donations; to avert a serious threat to health or safety and/or for specialized governmental functions.

Your Authorization. To use or disclose your Health Information for reasons other than the categories listed above, we must obtain a signed written authorization from you. You may authorize, in writing, the use or disclosure of your Health Information to any person and for any purpose specified in the authorization. You may revoke such authorization in writing at any time, but your revocation will not impact any uses or disclosures that occurred while your authorization was in effect. In certain instances, your employment with the Company



may be conditioned on you signing and not revoking an authorization.

WHAT ARE YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION?

This section describes your rights regarding your Health Information. All requests relating to any of the rights described in this section must be made in writing and must be submitted as follows:

The Mosaic Company
Attn: HR Connect - Benefits
13830 Circa Crossing Drive
Lithia, FL 33547
855-660-6947

Right to Access. You may request to inspect and copy your Health Information. If you request a copy, we may charge a fee for the costs of copying, mailing or other associated supplies. You will receive written notification if your request is denied. If your Health Information is maintained electronically, you have a right to obtain a copy of it in an electronic format. We will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, we will work with you to determine a mutually agreeable form and format. If we cannot agree on an electronic form and format, you will receive a paper copy. You may also choose to have your Health Information transmitted directly to an entity or person you clearly designate.

Right to Amend. If your Health Information is incorrect or incomplete, you may request that it be amended. Your request must include a reason supporting the amendment. You will receive written notification if your request is denied. If your request is denied, you have the right to submit a written statement disagreeing with the denial, which will be appended to the Health Information in question.

Right to an Accounting of Disclosures. You may request a list of the disclosures of your Health Information, if any, that have been made

other than disclosures made to you or authorized by you or for payment or health care operations. Your request must state a time period for which the accounting of disclosures will be provided, not to exceed the preceding six years from the date of the request. If you request a list more than once in a 12-month period, you may be charged a reasonable cost-based fee. You will be notified of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions. You may request a restriction of the Health Information that is disclosed about you to your family members, or for purposes of payment or health care operations. Generally, the Plan is not required to agree to such a restriction. If we do agree to the request, but we were not required to do so, we will abide by your restriction unless we need to use your Health Information to provide emergency treatment. In addition, we may generally elect to terminate the restriction at any time.

A covered entity (such as a health care provider) must comply with a requested restriction if the disclosure is to a health plan for purposes of payment or health care operations and the Health Information relates to a health care item or service for which an individual paid in full out-of-pocket. For example, if you receive medical care and choose to pay the provider for the entire amount of care in full out-of-pocket, you can request that the provider not disclose such information to the Plans and the provider must agree to such request.

Right to Request Confidential Communications. If disclosure of your Health Information could endanger you, you may request that communication with you about health matters occur by alternative means or at an alternative location. For example, you may request that you only be contacted at work or by mail. Your request must include a statement that use or disclosure may endanger you and specify how or where you wish to be contacted.



The Mosaic Company
13830 Circa Crossing Drive
Lithia, FL 33547
Tel 1-855-660-6947
www.mosaicco.com

Right to Notification of Breach. You have a right to receive notice following an unauthorized access, use or disclosure of your protected health information if that unauthorized access, use or disclosure is considered a “breach” as defined by the HIPAA Privacy Rules.

Right to a Paper Copy of This Notice. This notice is available on our intranet website, <https://employee.mosaicco.com>. You may also request a paper copy of this notice at any time by contacting:

The Mosaic Company
Attn: HR Connect - Benefits
13830 Circa Crossing Drive
Lithia, FL 33547
855-660-6947

Complaints. If your privacy rights have been violated, you may file a complaint with the Company’s Privacy Official or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. Complaints must be made in writing and submitted either to:

Privacy Official
Care of: Total Rewards – Doug Wilson
The Mosaic Company
13830 Circa Crossing Drive
Tampa, FL 33547
763-577-2700

or

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Ave. S.W.
Room 509F HHH Building
Washington, D.C. 20201

WHEN IS THIS NOTICE EFFECTIVE?

This notice becomes effective **October 1, 2020** and will remain in effect until we replace it. The Plans are required by law to abide by the terms of this Notice, as may be amended from time to time. We reserve the right to change this notice at any time and for any reason. We reserve the

right to make the revised or changed notice effective for Health Information we currently maintain as well as any information received in the future. A copy of our most current notice will be posted on the Company’s intranet site:

https://employee.mosaicco.com/departments/hr_benefits_health_and_welfare.htm

In addition, a copy can be found under Legal Notices on benefits.mosaicco.com.



The Mosaic Company
13830 Circa Crossing Drive
Lithia, FL 33547
Tel 1-855-660-6947
www.mosaicco.com

DISCRIMINATION IS AGAINST THE LAW

This notice applies to the Mosaic Company Medical Program which is a component of the Mosaic Company Comprehensive Welfare Benefit Plan.

Medical Coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Cigna does not exclude people or treat them differently because of race, color, nation origin, age, disability, or sex.

Cigna:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.



The Mosaic Company
13830 Circa Crossing Drive
Lithia, FL 33547
Tel 1-855-660-6947
www.mosaicco.com

NOTICE REGARDING THE MOSAIC WELLNESS PROGRAM

The Mosaic Company Wellness Program (Thrive) is a voluntary wellness program available to all employees. 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 will be asked to complete a voluntary health assessment (HA) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for blood glucose levels, HDL, LDL and triglycerides. You are not required to complete the HA or to participate in the blood test or other medical examinations.

For 2021, employees and spouses/domestic partners who are enrolled in the medical plan and choose to participate in the wellness program may earn monetary incentives. Although you are not required to complete the health assessment or participate in the personal health screening (biometric screening), only employees and spouses/domestic partners who do so will be eligible to receive monetary incentives for these activities.

Wellness incentives will be available for employees and spouses/domestic partners who choose to voluntarily participate in certain health-related activities such as:

- Completing an annual preventive care exam including but not limited to a mammogram, colon cancer screening, prostate screening; and/or
- Participating in the Personal Health Coaching Program with the CIGNA Health team telephonically and achieving personal health goals. Examples include improving your nutrition, exercising, managing chronic health condition; and/or
- Engaging in applications and activities through use of wearable fitness devices (i.e. Jawbone, Fitbit, or other wellness devices.)
- For tobacco users, completion of the tobacco cessation program in 2021.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required 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 Mosaic's HR Connect team at 855-660-6947.

The information from your health assessment and the results from your personal health screening (biometric screening) will be used to provide you with information to help you understand your current health and potential risks. The information may also be used to offer you services through the wellness program, such as personal health coaching, the tobacco cessation program and wellness incentives. You also are encouraged to share your results or concerns with your own doctor.



The Mosaic Company
13830 Circa Crossing Drive
Lithia, FL 33547
Tel 1-855-660-6947
www.mosaicco.com

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and The Mosaic Company may use aggregate information it collects to design a program based on identified health risks in the workplace, CIGNA, our health and wellness partner, will never disclose any of your personal information either publicly or to the employer, 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.

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, please contact our HR Connect team at 855-660-6947.

Reasonable Alternative Standards

Our health plan is committed to helping you achieve your best health. Incentives for participating in a wellness program are available to all employees and their spouse/domestic partners enrolled in the Mosaic medical benefits. If you think you might be unable to meet a standard for an incentive under the wellness program, you might qualify for an opportunity to earn the same incentive by different means. Contact the Cigna Personal Health Team at 800-401-4041 and they will work with you (and, if you wish, with your doctor) to find a wellness program with the same incentive that is right for you in light of your health status.



Genetic Information Nondiscrimination Act (GINA)

In answering the HA, do not include any genetic information. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling or genetic diseases for which an individual may be at risk.

Other Important Notices

Notice of HIPAA Special Enrollment Rights – Change in Family Status

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 or your dependents in these plans if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

In addition, 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 in within 30 days after the marriage, adoption or placement for adoption (birth of a newborn requires a request to be made within 60 days).

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: Except as stated above, special enrollment must be requested within 30 days after the occurrence of the special enrollment event. The 60-day period for requesting enrollment applies only in the case of a newborn and the last two listed circumstances relating to Medicaid and state CHIP.

To request special enrollment or obtain more information, please contact your local HR representative or our HR Connect team at 855-660-6947.



Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please refer to the enclosed Summary of Benefit Coverage (SBC) for each of the Mosaic medical plans concerning the deductibles and coinsurance that would apply.

If you would like more information on WHCRA benefits, call HR Connect at 855-660-6947.

Newborns' and Mothers' Protection Act

Group health plans and health insurance issuers offering group health insurance coverage generally may not, under a federal law, 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 a cesarean section; or require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of the above periods. The law generally does not prohibit an attending provider of the mother or newborn, in consultation with the mother, from discharging the mother or newborn earlier than 48 or 96 hours, as applicable.

Patient Protection Disclosure

The Mosaic Company's health plans generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Cigna Personal Health Team at 800-401-4041.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Cigna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Cigna Personal Health Team at 800-401-4041.

**SUMMARY ANNUAL REPORT FOR
THE MOSAIC COMPANY COMPREHENSIVE WELFARE BENEFIT PLAN**

This is a summary of the annual report of The Mosaic Company Comprehensive Welfare Benefit Plan (Employer Identification Number 20-1026454, Plan Number 501) for the plan year 01/01/2019 through 12/31/2019. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Mosaic Company has committed itself to pay certain health, temporary disability, and dental claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Cigna Health and Life Insurance Company and Affiliates, Life Insurance Company of North America and Lifeworks Us Inc. to pay certain vision, business travel accident, life insurance, accidental death and dismemberment, employee assistance program, and long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2019 were \$4,957,590.

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:

1. 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 The Mosaic Company, the plan administrator, at 13830 Circa Crossing Drive Lithia, FL 33547 and phone number, 800-918-8270.

You also have the legally protected right to examine the annual report at the main office of the plan: 13830 Circa Crossing Drive Lithia, FL 33547, 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.