



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.



The Mosaic Company
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NOTICE OF PRIVACY PRACTICES

(Effective February 10, 2026)

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.

How the plan will treat certain SUD treatment information

The Plan is not a federally assisted substance use disorder diagnosis, treatment or referral program that is covered by 42 CFR Part 2 (a "Part 2 Program") and does not create and does not typically maintain any records that are subject to 42 CFR Part 2. If the Plan does receive any Part 2 Program records pursuant to your written consent for claim administration and payment, the records will only be used and disclosed in accordance with HIPAA and your consent. In no event will the Plan use or



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disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings against you, unless authorized by your written consent or a court order accompanied by a subpoena or other legal requirement compelling disclosure after you received notice and an opportunity to respond.

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
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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.



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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.

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: Lisa Poissant, Vice President
of Total Rewards
The Mosaic Company
13830 Circa Crossing Drive
Tampa, FL 33547

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 **February 10, 2026** 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.



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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>.



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NOTICE REGARDING THE MOSAIC WELLNESS PROGRAM

The Mosaic Company Wellness Program 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.

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 physical
- 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.

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.



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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 Personify Health at 888-671-9395 to complete a reasonable accommodation form.



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.



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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.