



2024

BENEFITS GUIDE



My Mobile Wallet Card



This publication contains important information about your employee benefit program.

Please read thoroughly.

Scan to access Modine
benefits on-the-go

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Your Modine Manufacturing Company Benefits

We understand the important role that benefits play in the lives of you and your family. As a new hire, and then annually during annual enrollment in the fall, you have an opportunity to make changes to your benefits package to ensure you and your family have the right coverage.

This benefits guide can help familiarize you with Modine Manufacturing Company's benefit options. It also provides useful tips, tools, and resources to help you think through your options and make wise decisions. As you prepare to enroll:

- Consider your benefit coverage needs. For example, is your family financially protected if you can't work due to an accident or illness?
- Consider other available coverage.
- Gather information you'll need. If you are covering dependents, you will need their dates of birth and Social Security numbers.
- Take action! Elect your benefits by enrolling on <https://mymodine.bswift.com>.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.

Contact Information

Modine Benefits On-The-Go

My Mobile Wallet Card is an easy way to find benefits information, from any device, wherever you are. Click on any benefit icon to see more information, including benefit summaries, group numbers, phone numbers, websites, and more!

To access My Mobile Wallet Card, visit: mymobilewalletcard.com/modine/ or scan the QR code.

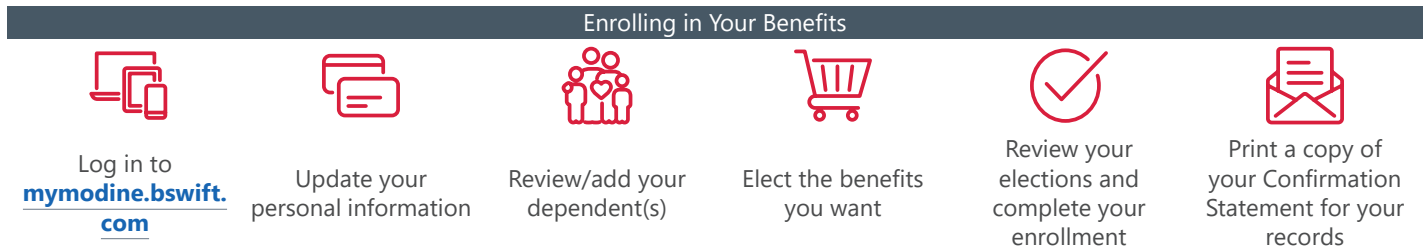


Coverage	Carrier	Phone	Website
Medical	Anthem BlueCross BlueShield	833.646.9322	anthem.com
Pharmacy	CVS/Caremark (CVS Health)	800.378.5675	caremark.com
LiveHealth Online	Anthem BlueCross BlueShield	888.548.3432	livehealthonline.com
Livongo	Anthem BlueCross BlueShield	800.945.4355	Join.Livongo.com/MODINE/hi
Nurseline	Anthem BlueCross BlueShield	800.700.9184	
Dental	Delta Dental of Wisconsin	800.236.3712	deltadentalwi.com
Vision	National Vision Administrators (NVA)	800.672.7723	e-nva.com
Health Savings Account	HSA Bank	800.357.6246	hsabank.com
Flexible Spending Accounts	Employee Benefits Corporation (EBC)	800.346.2126	EBCflex.com
401(k) Retirement Plan	Principal Financial Group®	800.547.7754	principal.com
Life and AD&D Insurance	Securian Life Insurance Company <ul style="list-style-type: none"> ● Medical Underwriting ● Claims 	800.872.2214 888.658.0193	LifeBenefits.com
Supplemental Health Plans	Securian Life Insurance Company <ul style="list-style-type: none"> ● Claims 	800.328.9442	securian.com/benefits
Disability and Family Medical Leave Administration	Lincoln Financial Group <ul style="list-style-type: none"> ● Reporting Claim/Leave ● Disability Claims Office 	888.408.7300 800.320.7585	mylincolnportal.com
Employee Assistance Program (EAP)	ComPsych® Guidance Resources®	844.816.6200	guidanceresources.com Password: MODINE
Identity Protection	Allstate Identity Protection	800.789.2720	myaip.com
Home and Auto Insurance	Farmers GroupSelect SM	800.438.6381	myautohome.farmers.com
Pet Health Insurance	ASPCA®	877.343.5314	aspcapetinsurance.com/modine
Business Travel Accident Insurance	AIG Travel Guard®	800.533.0699	aig.com/us/travelguardassistance

You may also call the Benefits Help Line at **262.619.8200** or email benefits@modine.com.

Benefit Enrollment and Events

The benefit enrollment portal, mymodine.bswift.com, is where you will enroll or waive in benefits during annual enrollment, as a new hire, or make mid-year benefit changes due to a qualifying life event.



Your username is the first initial of your first name followed by your full last name. Your temporary password is the last four digits of your social security number. You will be prompted to change your password after the first sign-in. If you are having trouble logging in, please contact your local HR Representative for assistance.

If you provide an email address while confirming your personal information, you will receive a confirmation email upon completion of your benefits enrollment.

Enrollment Events and Deadlines

There are three events that will allow you to enroll in or make changes to your Modine benefits.

Annual Enrollment	2024 Annual Enrollment runs from October 23, 2023 through November 10, 2023. All employees must enroll by November 10. Benefit elections during this period will be effective January 1, 2024.
New Hire	Eligible employees must elect benefits within 30 days of their hire date. New hire elections are effective on the date of hire.
Qualifying Life Event	Employees have up to 30 days from the qualified life event to make changes to their Modine benefits. Qualifying life event elections are effective on the date the event occurred.

Qualifying Life Event (Changes to Your Benefits)

Generally, you may only make or change your existing benefit elections as a new hire or during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualifying life event such as:

- Marriage, divorce or legal separation;
- Birth or adoption of a new dependent;
- Loss/gain of medical insurance due to you or your spouse's change in employment status, such as going from part-time to full-time;
- A significant change in your spouse's health care coverage;
- A dependent's loss/gain of benefit eligibility (including Medicare);
- Death of a dependent; or
- Change in Medicaid/CHIP status.

You must record your life event and complete your life event enrollment on the employee benefit portal, <https://mymodine.bswift.com>, within 30 days from the qualified life event date. Supporting documentation to validate your life event will be required within 45 days from the event date and can be uploaded to your Bswift Employee Profile.

Contact your local HR Representative with any questions. If you do not complete your life event enrollment within the 30-day deadline, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

Benefit Enrollment and Eligibility

Employees in an eligible class who work at least 30 hours per week or satisfy Affordable Care Act (ACA) eligibility are eligible for most benefits described in this guide.

If you enroll in the health care plans, you may also enroll your eligible family members.

Eligible Family Members Include Your:

- Lawful spouse (including same-sex spouse); and
- Children up to age 26

Children Include Your:

- Biological children;
- Lawfully adopted children placed with you; and
- Step-children and children for whom you are the legal guardian

If you enroll eligible dependents in the medical, dental or vision plan for the first time, you must provide proof of eligibility.

Valid Dependent Verification Documentation include:

- Legal Spouse
 - Copy of government-issued marriage certificate or marriage license
- Biological Child
 - Copy of government-issued birth certificate, or hospital verification (recent birth)
- Adopted Child
 - Court-approved adoption documents or placement letter (recent adoption)
- Step-Child
 - Copy of government-issued birth certificate and marriage certificate to verify employee's legal spouse as the child's parent
- Child by Custody or Guardianship
 - Copy of court-approved custody or guardianship documents or court order for a Qualified Medical Child Support Order

You must upload verification documents to your Bswift Employee File within 45 days of the start of your eligibility or dependents will not be enrolled in coverage and they will lose eligibility for the remainder of the plan year.

Overage Dependents:

When dependents reach the age of 26, their medical, dental and vision benefits will automatically terminate effective the end of the month of their 26th birthday. They would then be eligible for COBRA continuation of coverage. Voluntary child life insurance, accident insurance, critical illness insurance, and hospital indemnity insurance will terminate on their 26th birthday. Contact your local HR Representative with any questions.



Spouses With Access To Other Employer Coverage

We have a spousal surcharge that is intended to encourage working spouses to review all medical plan options available to them. If your spouse is eligible for medical coverage through their employer, and you cover them on our medical plan, you will be required to pay a surcharge of \$28.85 per week (\$1,500 annually) in addition to your regular medical premiums.

If You Use Nicotine Products

Going nicotine-free is one of the most important steps you can take to maintain good health. If you enroll in our medical plan, you will be asked to certify that you and your enrolled spouse do not use nicotine products. A nicotine user is defined as a person who used nicotine anytime within the 12-month period before the first day of the plan year which begins January 1. For 2024, the nicotine user rate is \$11.54 per week (\$600 annually) in addition to your regular medical premiums. You may qualify for the non-nicotine medical rate by enrolling in the HealthyGuidance[®] Nicotine Cessation Program.

HealthyGuidance[®] Nicotine Cessation Program

Modine Manufacturing Company sponsors a nicotine cessation program for you and your spouse. The HealthyGuidance[®] program offered by our employee assistance provider, ComPsych[®], is a five session telephonic program with a HealthyGuidance[®] Specialist. For more information or to enroll in the confidential program, call **844.816.6200**. After you and/or spouse have enrolled in the HealthyGuidance[®] program, you'll need to provide the enrollment date to your local HR Representative. You and/or your spouse must complete the program within three (3) months from your enrollment date and provide your completion certificate to your HR Representative. If you and/or spouse do not complete the cessation program, you will not receive the non-nicotine medical rate.

Medical and Pharmacy

We offer the choice of three medical plans through Anthem BlueCross BlueShield. All of the medical options include coverage for prescription drugs through CVS/Caremark (CVS Health). To select the plan that best suits your family, you should consider the key differences between the plans, the cost of coverage (including payroll deductions), and how the plan covers services throughout the year.

Making the Most of Your Plan

Getting the most out of your plan also depends on how well you understand it.

- **Preventive care covered under all three medical plans:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.
- **Using in-network medical providers and facilities:** While you are always free to visit the provider and facility of your choice, you'll save money when you use the BlueCross BlueShield network. That's because in-network providers have agreed to charge participants less and you are not responsible for any charges exceeding the Anthem limit when you are in-network. The plan pays a higher percentage of coinsurance when you use in-network providers and facilities. When your provider or facility is out-of-network, you are responsible for any charges that exceed BlueCross BlueShield's limits. Amounts you pay that exceed the reasonable and customary charge are not applied toward your deductible or out-of-pocket maximum. To find a network physician or facility, visit www.anthem.com or call **833.646.9322**.
- **Office visit copays under the Blue PPO plans:** In-network office copays of \$25 will apply to primary care visits and \$40 for specialty and urgent care visits (excludes emergency room visits).
 - Ancillary services are subject to network deductible and coinsurance. Examples of ancillary services are injections and lab work.
 - Copayments bypass the deductible, but apply to your annual out-of-pocket maximum.
 - Out-of-network visits will be subject to your out-of-network deductible and coinsurance.
- **Pharmacy coverage:** Medications are placed in tiers, Generic, Formulary, Non-Formulary, and Specialty. These tiers also affect your coverage. Modine utilizes CVS Caremark's Advanced Control Formulary (ACF), a highly controlled formulary providing lower cost medications. The ACF list changes quarterly and can be downloaded by logging on www.Caremark.com.
- **PrudentRx:** If you enroll in a PPO medical plan, the PrudentRx Copay Optimization Program allows you to fill certain specialty medications at no cost to you. That means \$0 out of pocket for select specialty drugs when you fill by CVS Specialty and enroll in the PrudentRx program. If you opt out or choose not to participate, those select specialty drugs will be subject to a 30% co-insurance. To enroll, call PrudentRx at **800.578.4403**.
- **CVS Mail order pharmacy:** If you take a maintenance medication on an ongoing basis for a condition such as high cholesterol or high blood pressure, you will be required to use the mail order pharmacy to save on a 90-day supply of your medication.
- **Preventive drugs covered under Blue HDHP 3:** Many preventive drugs and those used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol and asthma are designated on the High Deductible Health Plan (HDHP) - Health Savings Account (HSA) Preventive Therapy Drug List as preventive. These prescriptions are covered at 100% (no cost to you), if they are also covered in CVS Caremark's Advanced Control Formulary (ACF), when you use an in-network pharmacy and are enrolled in the Blue HDHP 3.

Medical Plan Provisions	Blue PPO Plan 1		Blue PPO Plan 2		Blue HDHP 3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Annual Deductible (individual/family)	\$1,500/ \$3,000	\$3,000/ \$6,000	\$750/ \$1,500	\$1,500/ \$3,000	\$3,200/ \$6,400	\$6,400/ \$12,800
Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Medical and Prescription Drug Out-of-Pocket Maximum (individual/family)	\$5,500/ \$11,000	\$11,000/ \$22,000	\$5,500/ \$11,000	\$11,000/ \$22,000	\$5,500/ \$11,000	\$11,000/ \$22,000
Member Coinsurance	20%	40%	20%	40%	20%	40%
Preventive Care	0%	40%	0%	40%	0%	40%
Primary Physician Office Visit	\$25 copay	40%	\$25 copay	40%	20%	40%
Specialist Office Visit	\$40 copay	40%	\$40 copay	40%	20%	40%
LiveHealth Online	\$25 copay	40%	\$25 copay	40%	20%	40%
Urgent Care	\$40 copay	40%	\$40 copay	40%	20%	40%
Emergency Room	\$200 copay/20%		\$200 copay/20%		20%	40%
X-Ray and Lab	20%	40%	20%	40%	20%	40%
Inpatient/Outpatient Hospital Services	20%	40%	20%	40%	20%	40%
Retail Prescription Drugs (30-day supply)						
Generic	20% Coinsurance/\$10 Minimum Copay/\$20 Maximum Copay				Deductible, then 20% Coinsurance (no copay) Preventive drugs - covered at 100% ¹	
Formulary	30% Coinsurance/\$20 Minimum Copay/\$60 Maximum Copay					
Non-Formulary	40% Coinsurance/\$40 Minimum Copay/\$120 Maximum Copay					
Prudent Rx Specialty Prescription Drugs ²						
	30% Coinsurance/No Minimum/No Maximum				Deductible, then 20% Coinsurance (no copay) Preventive drugs-covered at 100% ¹	
Mail Order (90-day supply)						
Generic	20% Coinsurance/\$25 Minimum Copay/\$50 Maximum Copay				Deductible, then 20% Coinsurance (no copay) Preventive drugs-covered at 100% ¹	
Formulary	30% Coinsurance/\$50 Minimum Copay/\$150 Maximum Copay					
Non-Formulary	40% Coinsurance/\$100 Minimum Copay/\$200 Maximum Copay					

¹ See the High Deductible Health Plan (HDHP) — Health Savings Account (HSA) Preventive Therapy Drug List and the CVS Caremark Advanced Control Formulary (ACF).

² See the PrudentRx Specialty Drug List.

Understanding How Your Plan Works

1. Your Deductible	2. Your Coverage	3. Your Out-of-Pocket Maximum
<p>You pay out-of-pocket for most medical expenses until you reach the deductible. With the Blue HDHP 3 Plan you can pay for these expenses from your Health Savings Account (HSA).</p> <p>If enrolled in a PPO plan, you can pay for these expenses from your Health Care Flexible Spending Account (HC FSA).</p>	<p>Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses with coinsurance. The plan will pay a percentage of each eligible expense, and you will pay the rest.</p>	<p>When you reach your out-of-pocket maximum, the plan generally pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible, copays and coinsurance apply toward the out-of-pocket maximum eligible health care expenses.</p>

Note: This is only a summary of your coverage. In-network services are based on negotiated charges; out-of-network services are based on Reasonable and Customary (R&C) charges.

Health and Well-Being Care

LiveHealth Online

LiveHealth Online provides you the option to have a visit with a doctor on your smartphone, tablet, or computer 24/7, 365 days per year. Appointments are not necessary for most services; on average you are able to see a board certified doctor in minutes. LiveHealth Online doctors can assess your condition, provide a treatment plan, and even send a prescription to your pharmacy, if needed.

Common conditions include, but are not limited to:

- Pinkeye
- A fever
- A cold
- Allergies
- The flu

LiveHealth Online also provides private access to licensed therapists for anxiety, depression, grief, panic attacks and more. Appointments can be scheduled online or over the phone at **888.548.3432** from 7 a.m. to 7 p.m., seven days a week. LiveHealth Online is available to participants enrolled in a Modine medical plan.

How Much Does It Cost To Use Livehealth Online?

If you are enrolled in the Blue PPO Plan 1 / Blue PPO Plan 2: \$25

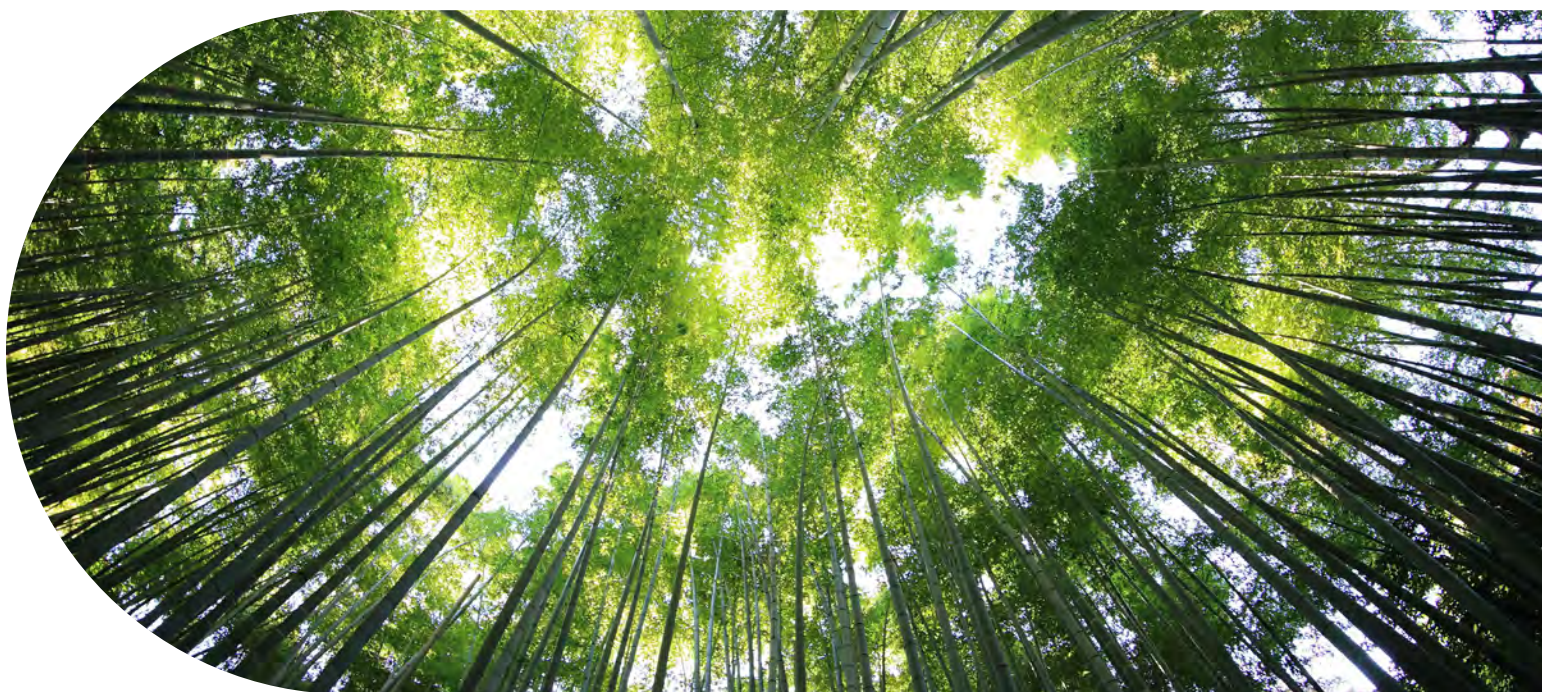
The copay of \$25 includes LiveHealth Online counseling and mental health visits as well as any other telemedicine visit with an in-network provider. The copay will apply towards your out-of-pocket maximum.

If you are enrolled in the Blue HDHP 3: 20% deductible

Deductible and coinsurance costs apply to the LiveHealth Online visit.

Counseling and mental health visit charges vary depending on the provider specialty and the duration of the visit. The charge will apply towards your deductible and out-of-pocket maximum.

Sign up for LiveHealth Online at www.livehealthonline.com as soon as you receive your Anthem BlueCross BlueShield ID card or download the free LiveHealth Online app to your mobile device.



Livongo for Diabetes, a Health Benefit at No Cost to You

Who Can Join:

You and your dependents over the age of 13 diagnosed with diabetes and covered under a Modine medical plan.

What You'll Get:

- **Connected Meter:** Automatically uploads your blood glucose readings to your secure online account and provides real-time personalized tips.
- **Support from Coaches When You Need It:** Communicate with a Livongo coach anytime about diabetes questions on nutrition or lifestyle changes.
- **Unlimited Strips at No Cost to You:** When you are about to run out, Livongo ships more strips and lancets, right to your door.

Join by visiting Join.Livongo.com/MODINE/hi register or call **800.945.4355**, registration code: MODINE

Sydney Health Mobile App

Get quick and easy access to Anthem's resources from your smartphone. Download the free Sydney Health mobile app and log in with your Anthem username and password.

With just one click, you can:

- Find care and check costs
- Check all benefits
- Review claims
- View and use digital ID cards

If you need help signing up, call **833.646.9322**.

Virtual Primary Care

Virtual Primary Care (VPC) offers easy access to wellness screenings and routine care through the Sydney Health Mobile App. 24/7, 365 days a year, no appointment needed.

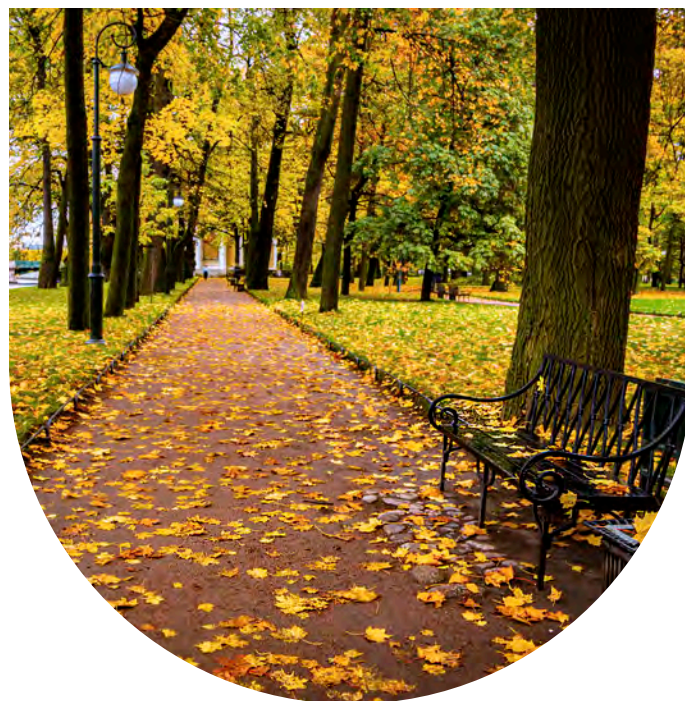
Medical Plan	VPC Services	Cost
All Modine Medical Plans	Preventive	\$0
Blue PPO Plan 1 and Blue PPO Plan 2	Medical Diagnosis	\$25 copay
Blue HDHP Plan 3	Medical Diagnosis	Subject to Deductible, then 20% Coinsurance

Anthem Health Guide

Your health guide works closely with health care professionals to provide personalized support.

- Find the right benefits for your needs
- Help scheduling appointments
- Compare costs for healthcare services

Reach out to an Anthem Health Guide: connect from the Anthem Sydney health mobile app, log on to Anthem.com, or call **833.646.9322**, Monday to Friday.



24/7 Nurseline

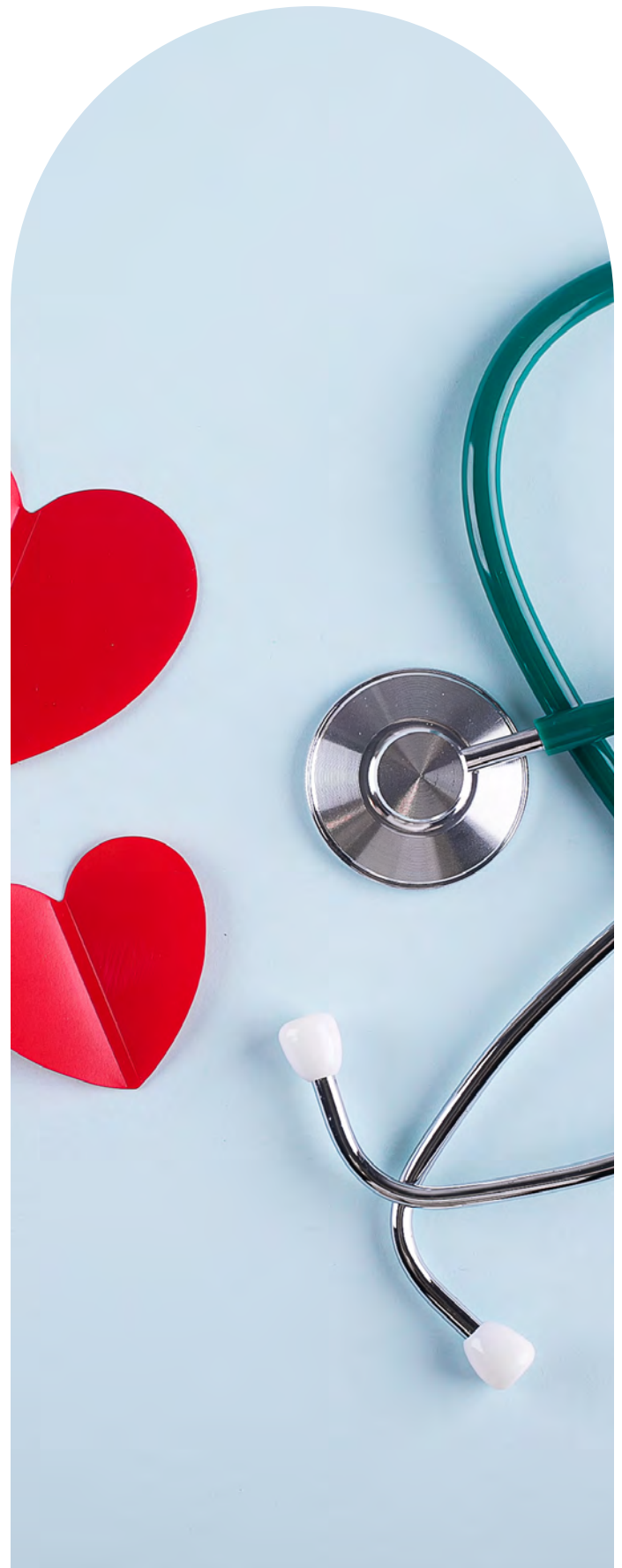
24/7 NurseLine is available round the clock to provide you access to someone who is knowledgeable about health issues that can arise at the most inconvenient times.

Anthem's 24/7 NurseLine can be your first line of defense for the unexpected. Anthem's registered nurses can listen to your situation, give you tips, advise you where to go for care and connect you to Anthem's other health and wellness programs for the best health results.

The 24/7 NurseLine can also help:

- Find a provider or specialist in your area.
- Refer you to LiveHealth Online for a virtual visit with a board-certified doctor using your smartphone, tablet or computer and webcam.
- Enroll you and your dependents in valuable health management programs for certain health conditions.
- Remind you about scheduling important screenings and exams, including dental and vision checkups.
- Provide guidance during natural catastrophes and health outbreaks.

Answers are at your fingertips. Call **800.700.9184**.



Savings Accounts

Modine Manufacturing Company offers several accounts that enable you to pay for eligible expenses tax-free. The IRS provides a list of eligible expenses for each account at www.irs.gov, IRS Publication 502.

Health Savings Account (HSA)	Health Care Flexible Spending Accounts (FSA)	Cost Dependent Care Flexible Spending Account (FSA)
Available to those enrolled in the Blue HDHP Plan as long as you are not enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.	If you are not enrolled in an HSA plan, you can use this account for medical, pharmacy, dental and vision expenses.	Use for eligible childcare expenses for dependents under age 13 or eldercare.

You don't need a prescription to use your HSA or FSA dollars for eligible over-the-counter (OTC) medications.

Comparison of Accounts

	HSA	FSA
Does the company contribute? Amount for full-year 2024 ¹	✓ Employee: \$800 Family: \$1,600	✗
Can I contribute my own savings? ²	✓	✓
Is there an IRS maximum annual contribution?	✓ Employee: \$4,150 Family: \$8,300 Those 55 and older can contribute an additional \$1,000 annually	✓ Health Care FSA: \$3,050 Dependent Care FSA: \$5,000
Will my savings roll over each year?	✓ Unlimited	You have until March 15 of the following year to incur expenses and until May 31 to file claims.
Will I earn interest on my savings?	✓	✗
Can I invest my savings?	✓	✗
Are payroll contributions tax-free?	✓ In most states ³	✓
Are the savings tax-free?	✓ In most states ³	✓
Will I get a debit card?	✓	✓ Health Care FSA only
Do I keep the money if I leave the company?	✓	Option to continue Health Care FSA through COBRA.
Can I also have a Flexible Spending Account (FSA)?	Dependent Care FSA only	N/A

¹ Employer contributions are made quarterly. See Eligibility Details on page 13.

² Lump sum contributions can not be processed through Modine payroll.

³ Consult with your states tax authority for current taxation rules related to your HSA contributions and HSA earnings.

Health Savings Account

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the Blue HDHP 3 plan. It allows you to make tax-free contributions to a savings account to pay for current and future medical, dental and vision expenses for you and your dependents.

Health Savings Account	
Start It	<ul style="list-style-type: none"> Contributions to the HSA are tax-free¹ whether they come from you or the company. Plans with an HSA typically cost less than other plans so the money you save on premiums can be put into your HSA. You also have more flexibility and control over your health care dollars.
Build It	<ul style="list-style-type: none"> All of the money in your HSA is yours (including any contributions deposited by the company) even if you leave your job, change plans or retire. In 2024, the total of your contributions and the company's contribution can not exceed \$4,150 for individual coverage and \$8,300 for family coverage. If you are age 55 or older, you may be eligible to contribute an additional \$1,000 per year.
Use It	<ul style="list-style-type: none"> You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found on www.irs.gov).¹ You can also save this money and hold on to it for future eligible health care expenses.
Grow It	<ul style="list-style-type: none"> Unused money in your HSA will roll over, earn interest and grow tax-free¹ over time. You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free¹ with Devenir Guided Portfolio investment program or Schwab Health Savings Brokerage Account.

¹ Consult with your state's tax authority for current taxation rules related to your HSA contributions and HSA earnings.

Eligibility Details

- Quarterly employer contributions are based on your hire date.
- You must satisfy HSA Bank's Consumer Identification Process (CIP) to receive the Modine contribution.
- You cannot have an HSA if you are enrolled in any other health coverage, such as Medicare or claimed as a dependent on someone else's tax return.
- You cannot contribute to an HSA if you are covered by a Health Care FSA, either through Modine or your spouse's plan.

See IRS Publication 969 for additional eligibility details.

Paying for Your Healthcare Expenses

Medical, dental, and vision expenses can be paid with your HSA Visa Health Benefits Debit Card or by writing an HSA check. You can also pay cash for your eligible expenses and reimburse yourself from your HSA.

Flexible Spending Accounts

A Flexible Spending Account (FSA) helps you pay for health care or dependent care, using tax-free dollars. Your contribution is deducted from your paycheck on a pre-tax basis and is put into the FSA. When you incur expenses, you can access the funds in your account to pay for eligible expenses. This chart shows the eligible expenses for each FSA and how much you may contribute each year. Each of these options reduces your taxable income.

Account Type	Eligible Expenses	Annual Contribution Limits
Health Care FSA	Most medical, dental, and vision care expenses that are not covered by your health plan such as copays, coinsurance, deductibles, eyeglasses and eligible over the counter medications and products	Maximum contribution is \$3,050 per year. You cannot enroll if you are enrolled in the Blue HDHP 3 plan with an HSA. Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	Dependent care expenses such as day care, before or after school programs or elder care so you and your spouse can work or attend school full-time. Eligible child must be under the age of 13.	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns).

IMPORTANT INFORMATION ABOUT FSAS

Your FSA elections are effective from January 1 through December 31. You can incur expenses through March 15 of the following year. Claims for reimbursement must be submitted by May 31 of the following year. Please plan your contributions carefully.

Any unused money remaining in your account after May 31 of the following year will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.

If you are a new enrollee, you will automatically receive the Employee Benefits Corporation (EBC) Benefits Card pre-loaded with your FSA election. To use the card, you simply swipe the card at eligible merchants to pay for your eligible out-of-pocket health care expenses.

Claims can be submitted with supporting documentation via fax, mail, online claim filing, scan and e-mail or by using EBC’s mobile phone app, My Mobile Account Assistant.

Participants are encouraged to register on www.ebcflex.com to access EBC’s employee portal, My Account Assistant. My Account Assistant lets you track claims and payments, submit a new claim, submit Benefits Card documentation and sign-up for direct deposit.

Questions? Contact Participant Services at **800.346.2126** or email participantservices@ebcflex.com.

Keep Your Receipts!

When you participate in an FSA, it’s important to save all of your receipts. If you submit a claim form, you must send the proper documentation, including receipts, with your claim. If you use your debit card, EBC may request documentation to substantiate that the payment was eligible under the law.

401(k) Retirement Plan

Modine's 401(k) Retirement Plan is administered by Principal Financial Group.

When newly eligible, you will automatically be enrolled at 3% of your pretax pay. Your 3% contribution will be automatically invested in a T. Rowe Price Retirement Target Date Fund based on your date of birth and anticipated retirement date at age 65.

While your enrollment is automatic, you have 30 days before being enrolled to change your contribution rate, direct contributions to other investment options available in the plan, or decline participation in the plan.

Automatic Increase

Unless you make another election, you will be set up with an automatic annual increase that will bump up your savings rate 1% each year on January 1, up to a maximum of 10%.

Safe Harbor Matching Contribution

If you elect to participate in the Modine 401(k), Modine will contribute a Safe Harbor Matching Contribution equal to 100% of the first 3% of compensation that you contribute to the plan (whether pre-tax or Roth) for the plan year, plus 50% of the next 3% of compensation that you contribute as an elective deferral (whether pre-tax or Roth).

Contribution Limit

You may contribute 1% to 75% of your eligible compensation through pretax contributions, Roth (401(k) contributions or a combination with traditional 401(k). Together, both contribution types are subject to the plan and IRS contribution limits.

If you will be age 50 by the end of the calendar year, you may qualify to make an additional "catch-up" contribution of up to the IRS catch-up limit.

Vesting	<ul style="list-style-type: none">● You are always 100% vested in your contributions.● Safe-harbor matching contributions become 100% vested after two full years of employment.
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Planning for retirement doesn't have to be complicated. Set up your account to stay on track with your retirement savings goals.

- **Online at principal.com:** Enroll online and set up your account at principal.com/Welcome. If you have other accounts at Principal® that you access online, sign in using the same username and password. After registering, select your retirement plan name from the Account summary page to view your retirement plan dashboard.
- **Principal® app:** Manage your account on the go with the Principal® app. Visit principal.com/OnTheGo to download it today.
- **Call Principal at 800.547.7754:** Retirement education specialists are available Monday through Friday from 7 a.m. to 9 p.m. CT.

Milestones–Financial Planning/Legal Assistance

We know there’s a lot to think about when it comes to your finances — both now and later. But with the right knowledge, you can live well today and plan well for tomorrow. Principal® Milestones can help you prioritize and make more informed decisions with financial resources in one convenient place at no cost to you.

Enrich — Financial wellness at your fingertips

You can learn about:

- Creating a budget
- Managing debt
- Understanding your credit score

ARAG — Prepare a will, power of attorney or other legal documents online using the Will and Legal Document Center

Take some time to make a plan for your assets, for the care of minor children, and plan who will make financial and medical decisions for you in the event you are unable to.

Visit www.principal.com to access Enrich and ARAG.



Dental Plan

It's important to have regular dental exams and cleanings so problems are detected before they become painful — and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. We offer the choice of two dental plans through Delta Dental of WI.

Plan Provisions	Basic Plan	Premium Plan
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Calendar Year Maximum	\$1,000 per individual	\$2,000 per individual
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	Covered at 100%, no deductible	Covered at 100%, no deductible
Orthodontia Lifetime Maximum	N/A	Up to \$2,500 per individual
Orthodontia	N/A	50%
Amount You Pay After Deductible		
Basic and Restorative Services (e.g., fillings, oral surgery)	80%	80%
Major Services (e.g., dentures, crowns, bridges)	50%	50%

DELTA DENTAL NETWORK

Delta Dental offers two dental networks: Delta Dental PPO and Delta Dental Premier.

Delta Dental PPO Dentists who belong to the PPO network offer the deepest discounts. The PPO network has more places for you to see the dentist than any other PPO network.

Delta Dental Premier Dentists who belong to the Premier network also agree to discounts — just not as profound. The network is broader; more than 81% of dentists nationally belong to the Premier network.

While you have the option of choosing any provider, you will save money when you use in-network dentists. When using an out-of-network dental provider, you will pay more because the provider has not agreed to charge you a negotiated rate.

You can find a provider by calling **800.236.3712**, going to www.deltadentalwi.com, or downloading the Delta Dental app on your smartphone.

Checkup Plus™

Modine has enrolled in Delta Dental's Checkup Plus™ program. CheckUp Plus™ allows you to get diagnostic and preventive dental services without those costs getting applied to your individual annual maximum — leaving more flexibility for restorative care that might be needed later.

Oral Surgery

Oral surgery will be covered as primary under Delta Dental. Delta Dental provides excellent access to in-network oral surgeons in their PPO and Premier networks.

Evidence-Based Integrated Care Plan

Provides additional benefits for persons with medical conditions that have oral-health implication, including: diabetes, pregnancy, specific heart conditions that pose a risk to certain types of infection, kidney failure or dialysis, suppressed immune system, cancer therapy, and periodontal disease.

For questions on the Evidence-Based Integrated Care Plan, you or your dentist can contact Delta Dental of Wisconsin at www.deltadentalwi.com or **800.236.3712**.

Vision Plan

The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider; however, you always save money if you see in-network providers. We offer the choice of two vision plans through National Vision Administrators (NVA).

You can find a provider by calling **800.672.7723** or by logging on to www.e-nva.com.

Plan Provisions	Basic Plan		Plan Provisions	Premium Plan	
	In-Network	Out-of-Network		In-Network	Out-of-Network
Exam—Once every 12 months	\$10 copay	Up to \$45	Exam—Once every 12 months	\$10 copay	Up to \$45
Frames—Once every 24 months	Covered up to \$180 plus 20% discount on frame balance	Up to \$100	Frames—Once every 12 months	Covered up to \$250 plus 20% discount on frame balance	Up to \$100
Lenses—Once every 12 months ● Single ● Bifocal ● Trifocal	Covered 100% \$10 copay	Up to \$45 Up to \$55 Up to \$65	Lenses—Once every 12 months ● Single ● Bifocal ● Trifocal	Covered 100% \$10 copay	Up to \$45 Up to \$55 Up to \$65
Contact Lenses ¹ —Once every 12 months	Covered up to \$150 15% discount on conventional/10% discount on remaining balance	Up to \$105	Contact Lenses ¹ —Once every 12 months	Covered up to \$250 15% discount on conventional/10% discount on remaining balance	Up to \$105
Contact lens evaluation and fitting ²	Covered 100%	Up to \$20 daily wear Up to \$30 extended and specialty wear	Contact lens evaluation and fitting ²	Covered 100%	Up to \$20 daily wear Up to \$30 extended and specialty wear
Medically necessary contact lenses (prior authorization required)	Covered 100%	Up to \$200	Medically necessary contact lenses (prior authorization required)	Covered 100%	Up to \$200

¹ Contact lenses are in lieu of lenses/frames.

² Only covered if member chooses contact lenses.

Contact Fill

Is your contact lens mail order service. As an NVA member you receive discounted pricing on a large selection of contact lens brands. For first-time buyers you receive free standard shipping using promo code SHIP19. To place an order, call **866.234.1393** or visit www.contactfill.com.

Nations Hearing

Offers a full-service hearing aid discount program.

Includes:

- Quality care from a local hearing aid provider
- Three follow-up visits to ensure satisfaction (within first year of fitting date)
- 24/7 access to Member Experience Advisors

To schedule your no-cost hearing test call **877.272.9627**. For more information visit NationsHearing.com/NVA.

Life and AD&D Insurance

Build a safety net for your family's financial security with Securian Life Insurance Company.

Life and AD&D Insurance

Group term life insurance provides cost-effective insurance protection during your working years. The company provides Basic Life and Basic Accidental Death & Dismemberment (AD&D) insurance to all eligible employees at no cost. Coverage amount may vary.

Account Type	Cost	Benefit
Basic Life and AD&D Insurance	Employer Paid	<ul style="list-style-type: none"> 1.5× annual earnings rounded to the next \$1,000 Maximum benefit of \$500,000-not to exceed \$1,250,000 (basic & voluntary life combined)

Voluntary Life Insurance

You may request an increase or decrease at any time. Any requests to add or increase coverage made outside the period of initial eligibility will require evidence of insurability (EOI).²

The overall maximum life insurance benefit (Basic Life and Voluntary Life) for an employee is \$1,250,000.

Voluntary AD&D Insurance

This coverage pays a benefit in the event of your accidental death or a partial benefit if you sustain a covered injury. Elections never require EOI.

Voluntary Spouse Life

You may elect up to the guaranteed issue (GI) amount of \$20,000 within your 30 days of initial eligibility or within 30 days of a qualified status change without evidence of insurability. Elections made outside of initial eligibility or qualified status change and elections exceeding these amounts require EOI.

Voluntary Child Life

Evidence of insurability is never required, but enrollment opportunities are limited to:

- A period of initial eligibility,
- Annual enrollment,
- Within 30 days of a qualified status change

Account Type	Cost	Benefit
Voluntary Life	Employee Paid	<ul style="list-style-type: none"> ● 1–5× annual earnings rounded to the next \$1,000 ● ¹GI-3× annual earning if elected when newly eligible ● Maximum benefit of \$750,000 ● Subject to EOI
Voluntary Spouse Life	Employee Paid	<ul style="list-style-type: none"> ● \$10,000 increments ● ¹GI-\$20,000 if elected when newly eligible ● Maximum benefit of \$100,000 ● Subject to EOI
Voluntary Child Life	Employee Paid	<ul style="list-style-type: none"> ● \$5,000 increments ● Maximum benefit of \$20,000 ● EOI is not required
Voluntary AD&D	Employee Paid	<ul style="list-style-type: none"> ● 1–6× annual earnings rounded to the next \$1,000 ● Maximum benefit of \$750,000 ● EOI is not required

Benefit Scout can guide you step-by-step through your life insurance decision journey.

Visit www.LifeBenefits.com/Modine.

¹ Guaranteed Issue (GI)

Guaranteed issue is the amount of life insurance you are eligible to purchase on yourself without medical questions being required by Securian. If you are a newly eligible employee, you are eligible to elect up to the GI amount in Voluntary Life insurance coverage. Amounts above the GI will require you to complete an Evidence of Insurability (EOI).

² Evidence of Insurability (EOI)

An EOI is a questionnaire on your health status. The EOI is available on the LifeBenefits website, www.LifeBenefits.com. Once completed, Securian will review your questionnaire and determine if coverage will be issued. The effective date of your Voluntary Life Insurance coverage will be the date Securian approves your coverage, if the amount is above the Guaranteed Issue.



Securian Life Insurance Company offers additional benefits to employees who are eligible for Life and Accidental Death & Dismemberment Insurance with Modine Manufacturing Company.

LifeSuite Services

Employees who are eligible for Basic Life Insurance also have access to a suite of additional resources at no cost to you. These programs are available to you, your spouse and eligible children, even if you do not elect Voluntary Life Insurance coverage. LifeSuite Services include Travel Assistance and Legacy Planning.

Travel Assistance

Redpoint provides you with 24/7/365 access to emergency assistance when traveling 100 or more miles away from home.

Services Include: Medical professional locator services, assistance replacing lost/stolen luggage medication or other critical items, medical/security evacuation, and medically necessary repatriation.

Visit www.LifeBenefits.com/travel or call **855.516.5433** for more information.

Legacy Planning

Provides access to a variety of information and resources to work through end-of-life issues including:

- End-of-life planning
- Final arrangements
- Important Directives
- Express Assignment for expedited funeral assignments.

Information can be found at www.LegacyPlanningResources.com.

Life Insurance Important Features

Take Your Coverage with You

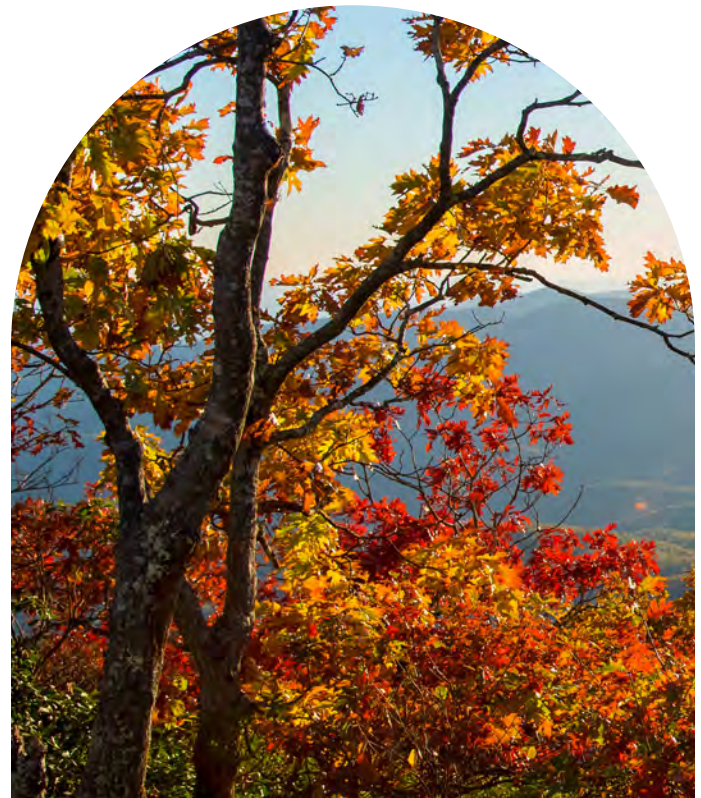
If you are no longer eligible for coverage as an active employee, you may be eligible to port your group life insurance coverage or you may convert your life coverage to an individual life insurance policy. Premiums may be higher than those paid by active employees.

Early Benefit Payments if Diagnosed as Terminally Ill

If an insured person becomes terminally ill with a life expectancy of 12 months or less, you may request early payment of up to 100 percent of the life insurance amount, not to exceed \$1,000,000.

No Premiums if you Become Disabled

If you become totally disabled according to the terms of your certificate, life insurance premiums may be waived.



Supplemental Health Plans

Round out your coverage with Securian Life Insurance Company by electing Accident, Critical Illness, and Hospital Indemnity Insurance for you and your eligible dependents.

Accident Insurance

Provides benefits to help cover the costs associated with unexpected bills due to accidents, regardless of any other insurance you may have.

If you purchase either Basic or Premium insurance coverage and sustain a covered injury, you will receive a cash benefit that you may spend as you wish.

Examples of covered benefits include:

- Injuries
- Surgery
- Emergency Care/Hospital Care
- Follow-Up Care/Support Care
- Health and Wellness Screening Benefit

Critical Illness Insurance

Is a policy that pays a lump-sum payment directly to you for a newly diagnosed covered critical illness or condition(s). Benefit payment(s) may be used to help pay out-of-pocket medical expenses or living expenses.

Examples of newly diagnosed covered conditions include:

- Cancer
- Heart Attack
- Major Organ Failure
- Stroke
- Kidney Failure

Health and Wellness Screening Benefit

By being enrolled in critical illness and/or accident insurance, you and your covered dependent(s) are eligible to receive a \$50 benefit for a wellness screening. There is a maximum of one health and wellness benefit payment per enrollee, per year.

Examples of screenings include:

- Annual Physical Exam
- Colonoscopy
- Mammogram
- Human Papillomavirus (HPV) vaccination

A full list of screenings can be found on [securian.com/modine-insurance](https://www.securian.com/modine-insurance).

Hospital Indemnity Insurance

Is supplemental to any existing health insurance coverage you may carry and provides lump sum payments if you or your covered dependents are hospitalized due to sickness or accident, including pregnancy.

You may elect to purchase either Basic or Premium insurance coverage, each plan provides a fixed daily cash payment after each day spent in a hospital.

Examples of covered benefits include:

- Hospital Stay or Admission
- Proactive Labor and Delivery Benefit
- Inpatient Substance Abuse Treatment
- Mental Health Treatment

Account Type	Cost	Coverage Options	Coverage Details
Accident Insurance	Employee Paid	<ul style="list-style-type: none"> ● Basic Plan ● Premium Plan 	<ul style="list-style-type: none"> ● Guaranteed Issue ● Limited enrollment opportunities
Critical Illness Insurance	Employee Paid	<ul style="list-style-type: none"> ● \$15,000 ● \$30,000 <p>Child coverage is equal to 50% of the employee benefit</p>	<ul style="list-style-type: none"> ○ Within 30 days of initial eligibility ○ Within 30 days of qualified status change ○ Annual enrollment
Hospital Indemnity Insurance	Employee Paid	<ul style="list-style-type: none"> ● Basic Plan ● Premium Plan 	<ul style="list-style-type: none"> ● No Pre-existing Condition Exclusion ● 4-Tier Coverage Options ● No Age Reductions

A detailed listing of covered benefits and the applicable payment schedules can be accessed on <https://mymobilewalletcard.com/modine/>.

Securian Life Insurance Company is Here to Help

Supplemental health plan questions?

Call **855.750.1906** to chat with a Securian Financial customer service representative.

Visit our education microsite for more information about your coverage options and costs, as well as educational resources. Visit securian.com/modine-insurance.

Want to file your claim online?

Visit securian.com/benefits

- Select "Employer" under report a new claim
- Select "Start a new claim"

Want to file your claim over the phone?

Contact Securian Financial's claims department at **800.328.9442**.

Disability Coverage

Disability Insurance protects your income if you are unable to work while on an approved disability. Lincoln Financial Group administers your leave management including Short-Term Disability (STD), Long-Term Disability (LTD), Family Medical Leave (FMLA), and Paid Parental Leave (PPL). Consult your local HR Representative to verify eligibility and if the state you work in provides mandated paid sick leave, therefore making you ineligible for STD or PPL benefits.

Short-Term Disability (STD)

Short-Term Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. Modine Manufacturing Company provides eligible employees with Short-Term Disability income benefits at no cost for up to 26 weeks of an approved disability.

Long-Term Disability (LTD)

Long-Term Disability insurance provides continued income replacement if you are unable to return to work due to an approved disability after the company-paid Short-Term Disability coverage ends. Eligible employees are able to purchase Voluntary Long-Term Disability coverage through Lincoln Financial Group Insurance.

All eligible employees who elect Voluntary Long-Term Disability coverage when newly eligible will receive coverage with no medical questions asked. If an eligible employee elects coverage at a later date, Evidence of Insurability (EOI) will be required. Upon completion of your EOI questionnaire Lincoln Financial Group will approve or deny your request for coverage. Coverage will not begin until your EOI is received, reviewed and approved by Lincoln Financial Group.

Pre-Existing Condition Limitation applies when an employee is enrolling in LTD for the first time. This applies to employees who previously declined LTD coverage. The Pre-Existing Condition Limitation has a three month look back.



Paid Parental Leave (PPL)

The addition of a new family member is an exciting time... it can also be overwhelming. To support you and your family, Modine provides four weeks of paid parental leave to eligible employees. To review the full Paid Parental Leave Policy, visit <https://mymobilewalletcard.com/modine/> and click on Parental Resources.

Family Medical Leave Act (FMLA)

The Family and Medical Leave Act is designed to help employees balance their work and family responsibilities. FMLA provides eligible employees with up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons:

- For the birth and care of a newborn child;
- For placement of an adopted or foster care child;
- To care for an immediate family member (spouse, child, or parent) with a serious health condition; or
- To take medical leave when the employee is unable to work because of a serious health condition.

Coverage	Benefit
Short-Term Disability	
Eligibility	Wait period varies on benefit class
Coverage	100% Employer paid
Elimination Period	Hospitalization & Surgery-begin Day 1 Injury-begin Day 4 Sickness-begin Day 4
Benefit	26 week maximum
Long-Term Disability	
Coverage	Varies on benefit class
Elimination Period	180 days
Benefit	60% of salary to a max of \$15,000/month Max benefit duration is Social Security Normal Retirement Age or other
Paid Parental Leave	
Coverage	100% Employer paid
Eligibility	90 days
Benefit	Four weeks paid at 100% of regular pay

Coverage	Benefit
FMLA Eligibility	<ul style="list-style-type: none"> ● Employee has worked at least 12 months and 1,250 service hours within the past 12 months ● Leave requested qualifies under FMLA ● Administered on a rolling 12-month period ● Runs concurrent with other paid/unpaid leaves

Additional Benefits

Auto and Home Insurance

Take advantage of special Farmers GroupSelectSM savings.

As an employee of Modine you have access to auto and home insurance from Farmers GroupSelectSM. This program provides you with special savings, outstanding customer service and a full suite of products to meet your diverse insurance needs. In addition to auto and homeowners insurance, Farmers GroupSelectSM offers a variety of other policies including:

- Condo/renters
- Personal excess liability
- Boat
- Motorcycle
- RV
- Personal property

Program Discounts and Features

- A group discount of up to 15%
- Automatic payment discount
- Good driving rewards
- A loyalty discount for your years of service
- Multi-policy discounts
- Multi-vehicle savings
- 24/7 superior service

Switch & Save!

Visit www.myautohome.farmers.com or call **800.438.6381**. Mention special discount code: FA9.

Pet Health Insurance

Pets are part of the family. This is why Modine is offering pet insurance as a voluntary benefit through ASPCA.

- Customize your coverage
- Add optional preventive care at an additional cost
- Choose your Annual Deductible, Reimbursement Percentage and Annual Limit
- Pets eight weeks and up are eligible with no upper age limits
- Visit any licensed vet, specialist or emergency clinic
- Submit claims and manage your account 24/7 online or on the app
- whiskerDocs[®] -24/7 veterinary telehealth service included

Visit www.aspcapetinsurance.com/modine to obtain your customized quote and enroll your furry family member or call **877.343.5314**. Use our priority code: EB21MODINE.



Allstate Identity Protection Pro + Cyber

Your identity is made up of more than your Social Security number and credit score. Allstate helps you look after your online activity, from financial transactions to what you share on social media — so you can keep loving what technology adds to your life and protect the trail of data you leave behind.

With Allstate Identity Protection Pro + Cyber you'll be able to:

- See and control your personal data with Allstate Digital Footprint™
- Monitor social media accounts for questionable activity and signs of a compromised account
- Lock your Transunion credit report in a click and get credit freeze assistance
- View and manage alerts in real time for cash withdrawals, balance transfers, and large purchases
- Protect yourself and your family, including:
 - your spouse and children of all ages
 - any dependent living within your household, or whom you support financially
 - deceased family members
 - senior family members age 65+ such as your parents, in-laws, and grandparents — regardless of where they live or whether they receive any financial support from you

Employee Assistance Program

Modine Manufacturing Company provides assistance to you and your family members at no cost to help you manage personal and work-life challenges through our Employee Assistance Program, ComPsych® GuidanceResources®.

ComPsych® GuidanceResources® counselors provide confidential assessment, support and referrals to additional resources. This confidential service is available 24/7 anytime, anywhere, by logging in to www.guidanceresources.com, Company ID: MODINE or calling **844.816.6200** to speak with a GuidanceConsultant™ who will answer your questions and, if needed, refer you to a counselor or other resources. Some of the services provided through GuidanceResources® are shown below.

Health and Wellness

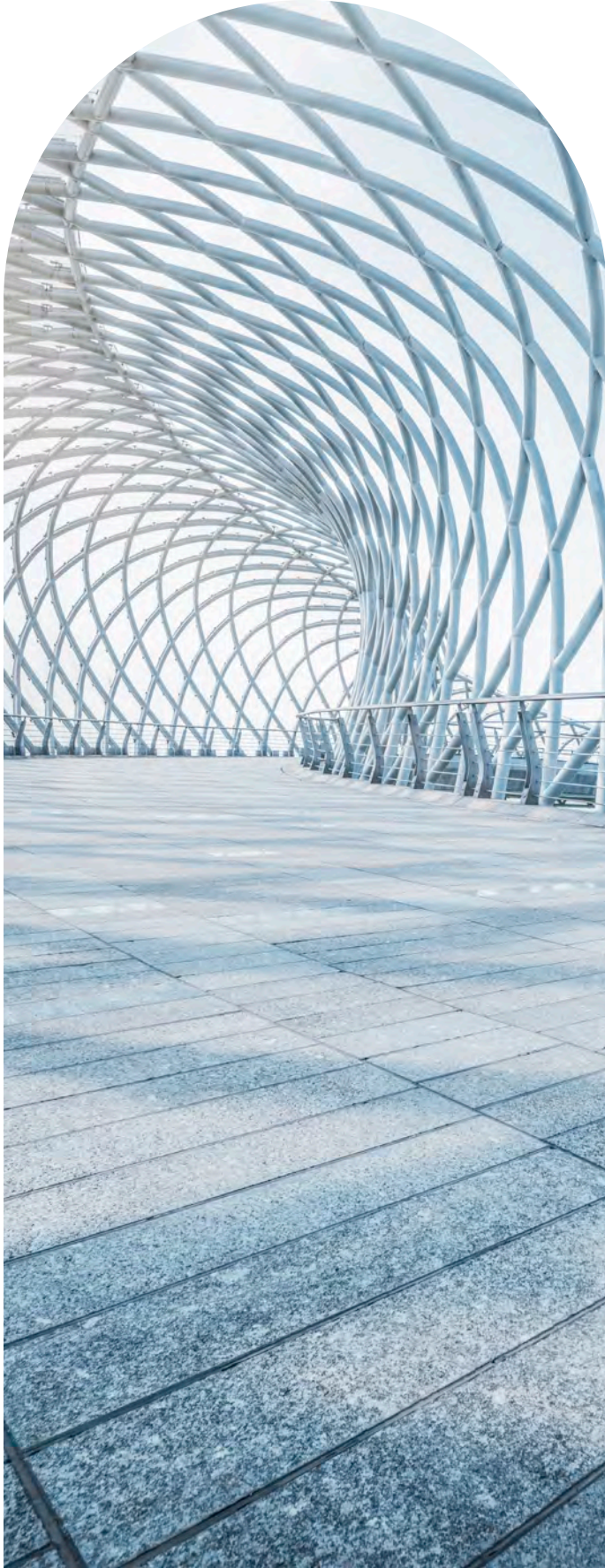
- Alcohol and substance abuse
- Mental health

Family Concerns

- Financial stress
- Child and elder care resources

Work-related Concerns

- Career development
- Consultation and educational services



Business Travel Accident Insurance Coverage–AIG Travel Guard®

Modine provides you with business travel accident insurance coverage with 24/7 support, along with travel assistance services, to help you with travel mishaps or emergencies during your business trip. Whether it's a medical emergency, flight delay or lost luggage, AIG is one company, one solution.

Global Assistance Services include:

- Medical Expense Coverage
- Travel and Medical Assistance
- Concierge Services
- Security and Identity Theft Assistance

To access your 24/7 assistance services website, visit aig.com/us/travelguardassistance or download the AIG Travel Assistance app to your Apple or Android smartphone. Register with policy number: **9153063**

Glossary

- **Advanced Control Formulary (ACF)** — A highly controlled formulary offering fewer medications. ACF may exclude coverage for specific medications where a lower cost medication is available.
- **Brand Name Drugs** — Drugs that have trade names and are protected by patents. Brand name drugs are generally the most costly choice.
- **Coinsurance** — The percentage of a covered charge paid by the plan.
- **Copayment (Copay)** — A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.
- **Deductible** — The annual amount you and your family must pay each year before the plan pays benefits.
- **Embedded** — The plan will begin to pay when an individual covered by a family plan meets their individual deductible; the individual does not have to meet the full family plan deductible.
- **Evidence of Insurability** — Also known as “evidence of good health” is the process by which the insurance company determines if you are healthy enough to be considered eligible for the amount of insurance coverage for which you are seeking.
- **Flexible Spending Account (FSA)** — A special account you put money into that you use to pay for certain out-of-pocket health care costs. You don’t pay taxes on this money.
- **Formulary** — A drug formulary is a list of prescription drugs, both generic and brand name, used by practitioners to identify drugs that offer the greatest overall value. A committee of physicians, nurse practitioners, and pharmacists maintain the formulary.
- **Generic Drugs** — Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.
- **Guaranteed Issue (GI)** — The amount of coverage that an insurance company will offer an applicant regardless of health status.
- **In-Network** — Use of a health care provider/facility that participates in the plan’s network. When you use providers and facilities in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses.
- **Out-of-Network** — Use of a health care provider/facility that does not participate in a plan’s network.
- **Mail Order Pharmacy** — Mail order pharmacy generally provides a 90-day supply of a prescription medication for less than the cost at a retail pharmacy. Plus, the mail order pharmacy offers the convenience of shipping directly to your door.
- **Non-Formulary** — Drugs that are not included in the list of preferred medications that a committee of pharmacists and doctors deems to be the safest, most effective and most economical. They are drugs not included in the drug list approved by the health plan.
- **Out-of-Pocket Maximum** — The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan generally pays benefits at 100% of eligible expenses for the remainder of the year.
- **Primary Care Physician (PCP)** — Physician (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions and refers patients to specialists as necessary.



- Reasonable and Customary (R&C — The most common range of fees charged by most doctors or providers in a locality for a similar service, supply or treatment. The medical plans provide a coverage up to the reasonable and customary amount. It is sometimes called Usual and Customary.
- Specialist — A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, gastroenterologist or neurologist).
- Specialty — A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.



This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail. Receiving this document is not a guarantee of employment or eligibility for benefits.