



YOUR DENTAL BENEFITS

Prepared for the employees of Modine Manufacturing Company 2026 Benefits

The summary below does not cover all plan details. Further information can be found in the Summary Plan Description (SPD). That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

	Basic Plan - #50323		Premium Plan - #50118	
	Delta Dental PPO™ Network *	Delta Dental Premier® Network or Out-of-Network *	Delta Dental PPO™ Network *	Delta Dental Premier® Network or Out-of-Network *
<i>** Deductible applies ^ Age limitations may apply</i>				
Individual Annual Maximum	\$1,000	\$1,000	\$3,000	\$3,000
Deductible - Ind. / Family	\$50 / \$150	\$50 / \$150	\$0 / \$0	\$0 / \$0
Diagnostic & Preventive Exams, cleanings, fluoride treatments^, X-rays, space maintainers, sealants^	100%	100%	100%	100%
Basic & Major Services Emergency treatment to relieve pain, fillings, root canals, treatment of gum disease, extractions, and other oral surgery	80%**	80%**	80%**	80%**
Crowns, bridges, dentures, repairs and adjustments to bridges and dentures, and implants	50%**	50%**	50%**	50%**
Orthodontic Services Coverage copayment Individual lifetime maximum Dependents eligible to Adult orthodontics	No Coverage		50% \$3,000 Age 26 Yes	50% \$3,000 Age 26 Yes
CheckUp™ Plus	Yes	Yes	Yes	Yes
EBICP	Yes	Yes	Yes	Yes
Dependent Eligibility	Dependents are covered to the end of the month they turn 26		Dependents are covered to the end of the month they turn 26	

Regardless of the provider you see, you will be responsible for your plan's deductible, coinsurance, and fees for services that are not covered benefits under your plan.

*If you visit an out-of-network provider, you will be responsible for the difference between the provider's charges and the amount your Delta Dental plan pays.

CheckUp™ Plus allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum - leaving more flexibility for restorative care that might be needed later.

Evidence-Based Integrated Care Plan (EBICP) provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications. Find out more at deltadentalwi.com/EBICP.

Need assistance? Contact Customer Service at 800-236-3712 or claims@deltadentalwi.com. Learn more at www.deltadentalwi.com.