



2026 RATE SHEET

This document contains your 2026 pre-tax and post-tax payroll contributions. Pre-tax means premiums are deducted before taxes are calculated and deducted; after-tax means premiums are deducted after taxes are calculated and deducted.

Modine is committed to offering a competitive, contemporary, and cost-effective benefit package designed to provide choices that best fit you and your family's healthcare and lifestyle needs. Benefits include those provided and paid for by Modine, voluntary benefits which are elected and paid for by you, and benefits such as medical and dental which are paid for by you and Modine.

LIVEHEALTH ONLINE TOBACCO FREE NICOTINE CESSATION WELLNESS PROGRAM

Modine has two set of rates for the medical plan; Non-Nicotine User Rates and Nicotine User Rates. To qualify for the Non-Nicotine User Rate, you will need to certify during enrollment that you and your spouse covered under a Modine medical plan are nicotine free. If you and/or your spouse declare you are nicotine users during enrollment, you may qualify for the Non-Nicotine User Rate by enrolling in Anthem's LiveHealth Online Tobacco Free Program. You and/or your spouse must complete the program within three (3) months of the enrollment date. If you and/or spouse do not complete the cessation program, you will not receive the non-nicotine medical rate.

For more information or to enroll in the confidential program, visit <https://livehealthonline.com/healthyhabits/modine/>. You can sign up or log in to LiveHealth Online using your webcam enabled device.

ADDITIONAL INFORMATION

Log in to <https://mymodine.bswift.com> to enroll in your benefits.

For more information visit MyModineBenefits.com or scan the QR code.



Pre-Tax Contributions

Medical Plan Contributions—Anthem BCBS						
Blue PPO 1			Blue PPO 2		Blue HDHP 3	
Coverage Level	Non-Nicotine User/Nicotine Cessation Rate	Nicotine User Rate	Non-Nicotine User/Nicotine Cessation Rate	Nicotine User Rate	Non-Nicotine User/Nicotine Cessation Rate	Nicotine User Rate
Weekly Contributions						
Employee Only	\$26.58	\$38.12	\$38.54	\$50.08	\$21.34	\$32.88
Employee + Spouse	\$65.67	\$77.21	\$91.98	\$103.52	\$54.15	\$65.68
Employee + Children	\$51.07	\$62.61	\$72.60	\$84.14	\$41.63	\$53.16
Family	\$94.04	\$105.58	\$132.31	\$143.85	\$77.32	\$88.86
Bi-Weekly Contributions						
Employee Only	\$53.16	\$76.23	\$77.08	\$100.15	\$42.67	\$65.75
Employee + Spouse	\$131.34	\$154.41	\$183.96	\$207.03	\$108.29	\$131.37
Employee + Children	\$102.14	\$125.22	\$145.21	\$168.29	\$83.25	\$106.33
Family	\$188.08	\$211.16	\$264.62	\$287.70	\$154.64	\$177.72
Semi-Monthly Contributions						
Employee Only	\$57.59	\$82.59	\$83.50	\$108.50	\$46.23	\$71.23
Employee + Spouse	\$142.28	\$167.28	\$199.29	\$224.29	\$117.32	\$142.32
Employee + Children	\$110.65	\$135.65	\$157.31	\$182.31	\$90.19	\$115.19
Family	\$203.76	\$228.76	\$286.68	\$311.68	\$167.53	\$192.53

Dental Plan Contributions—Delta Dental						
Basic Plan				Premium Plan		
Coverage Level	Weekly	Bi-Weekly	Semi-Monthly	Weekly	Bi-Weekly	Semi-Monthly
Employee Only	\$2.35	\$4.70	\$5.09	\$3.38	\$6.77	\$7.33
Employee + Spouse	\$5.37	\$10.74	\$11.64	\$7.74	\$15.47	\$16.76
Employee + Children	\$5.09	\$10.18	\$11.03	\$7.35	\$14.69	\$15.92
Family	\$8.92	\$17.84	\$19.33	\$12.85	\$25.71	\$27.85

Vision Plan Contributions—NVA						
Basic Plan				Premium Plan		
Coverage Level	Weekly	Bi-Weekly	Semi-Monthly	Weekly	Bi-Weekly	Semi-Monthly
Employee Only	\$1.67	\$3.34	\$3.62	\$2.55	\$5.10	\$5.53
Employee + Spouse	\$2.43	\$4.86	\$5.26	\$3.70	\$7.41	\$8.03
Employee + Children	\$2.95	\$5.91	\$6.40	\$4.51	\$9.01	\$9.77
Family	\$4.43	\$8.86	\$9.60	\$6.76	\$13.52	\$14.65

Pre-Tax Contributions

Health Savings Account—HSA Bank

If you enroll in the Blue HDHP 3, you may enroll in the Health Savings Account provided by HSA Bank. You can contribute up to the 2026 IRS Maximum Amount of \$4,400 for employee only coverage or \$8,750 for family coverage. Please note, the IRS Maximum includes both employee and employer contributions (\$850/\$1,700). The company will deduct a portion of your annual election each pay period.

Flexible Spending Accounts—Employee Benefits Corporation (EBC)

You can elect to participate in the Healthcare or Dependent Care Flexible Spending Accounts. The company will deduct a portion of your annual election each pay period.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT

You can contribute from \$250 to \$3,300 per year or the statutory limit.

DEPENDENT (CUSTODIAL) CARE FLEXIBLE SPENDING ACCOUNT

You can contribute from \$250 to \$7,500 per year. If you are married and filing your taxes separately, you can contribute up to \$3,750 per year.

Post-Tax Contributions

Accident Insurance—Securian Financial		
Monthly Rates		
Coverage Level	Basic Plan	Premium Plan
Employee Only	\$5.17	\$9.02
Employee + Spouse	\$8.59	\$14.40
Employee + Children	\$9.56	\$17.03
Family	\$13.95	\$24.48

Hospital Indemnity Insurance—Securian Financial		
Monthly Rates		
Coverage Level	Basic Plan	Premium Plan
Employee Only	\$9.54	\$19.08
Employee + Spouse	\$19.70	\$39.39
Employee + Children	\$13.12	\$26.24
Family	\$24.11	\$48.22

Critical Illness Insurance—Securian Financial								
Up to \$15,000 benefit. Rates are shown monthly and increase with age. Child coverage capped at 50% of the employee benefit.					Up to \$30,000 benefit. Rates are shown monthly and increase with age. Child coverage capped at 50% of the employee benefit.			
Employee Age	Employee only	Employee + Spouse	Employee + Children	Family	Employee only	Employee + Spouse	Employee + Children	Family
Under 30	\$5.11	\$9.77	\$6.63	\$11.37	\$8.55	\$16.23	\$10.32	\$18.14
30-34	\$6.56	\$12.51	\$8.21	\$14.25	\$11.39	\$21.57	\$13.39	\$23.76
35-39	\$8.30	\$15.77	\$10.08	\$17.68	\$14.77	\$27.93	\$17.05	\$30.46
40-44	\$11.07	\$20.97	\$13.07	\$23.16	\$20.18	\$38.10	\$22.90	\$41.17
45-49	\$15.58	\$29.45	\$17.95	\$32.08	\$28.99	\$54.64	\$32.42	\$58.59
50-54	\$21.95	\$41.42	\$24.84	\$44.70	\$41.44	\$78.03	\$45.87	\$83.22
55-59	\$30.66	\$57.78	\$34.25	\$61.92	\$58.43	\$109.97	\$64.24	\$116.86
60-64	\$42.84	\$80.68	\$47.42	\$86.04	\$82.23	\$154.69	\$89.97	\$163.95
65-69	\$60.67	\$114.17	\$66.68	\$121.30	\$117.04	\$220.09	\$127.58	\$232.82
70+	\$91.26	\$171.65	\$99.74	\$181.83	\$176.77	\$332.32	\$192.14	\$351.00

Post-Tax Contributions

Voluntary Employee Life Insurance—Securian Financial Rates are Shown Per \$1,000 of Coverage and Increase with Age	
Employee Age	Monthly Rate
Under 25	\$0.050
25-29	\$0.055
30-34	\$0.065
35-39	\$0.076
40-44	\$0.100
45-49	\$0.150
50-54	\$0.230
55-59	\$0.390
60-64	\$0.620
65-69	\$1.150
70+	\$2.060

Voluntary Employee Accidental Death & Dismemberment (AD&D)—Securian Financial Monthly Premium Per \$1,000 of Coverage	
Employee Only	\$0.030

Voluntary Long-Term Disability—Lincoln Financial Group HOURLY EMPLOYEES ONLY Rates Are Shown Per \$100 of Covered Payroll and Vary Based on Age	
Employee Age	Monthly Rate
Under 25	\$0.221
25-29	\$0.203
30-34	\$0.280
35-39	\$0.501
40-44	\$0.798
45-49	\$1.353
50-54	\$1.811
55-59	\$1.659
60-64	\$1.659
65+	\$3.722

Voluntary Spouse Life Insurance—Securian Financial Rates Are Shown Per \$1,000 of Coverage and Increase Based on Spouse Age	
Spouse Age	Monthly Rate
Under 25	\$0.047
25-29	\$0.056
30-34	\$0.074
35-39	\$0.084
40-44	\$0.093
45-49	\$0.140
50-54	\$0.214
55-59	\$0.400
60-64	\$0.614
65-69	\$1.181
70 and Over	\$1.916

Voluntary Child Life Insurance—Securian Financial One Monthly Premium Provides Coverage for All Eligible Children	
Coverage Level	Monthly Rate
\$5,000	\$0.50
\$10,000	\$1.00
\$15,000	\$1.50
\$20,000	\$2.00

Voluntary Identity Protection Plan—Allstate Identity Protection Pro + Cyber			
Coverage Level	Weekly	Bi-Weekly	Semi-Monthly
Employee Only	\$2.29	\$4.59	\$4.97
Family	\$4.14	\$8.28	\$8.97

Voluntary Auto and Home Insurance—Farmers GroupSelect SM	
Enroll in auto, home, or renter's insurance by visiting www.myautohome.farmers.com or calling 800.438.6381 .	
Discount code: FA9	

Voluntary Pet Health Insurance—ASPCA	
Get your customized quote and enroll by visiting www.aspcapetinsurance.com/modine or calling 877.343.5314 .	
Priority code: EB21MODINE	