



2024

RATE SHEET

This document contains your 2024 pre-tax and post-tax payroll contributions.

Modine is committed to offering a contemporary benefit package designed to provide choices for you and your family to consider as you make your healthcare elections. 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.

2024 HIGHLIGHTS AND CHANGES

- No change to the dental contribution rates
- The introduction of two vision plans: Basic Vision and Premium Vision
- Increased annual employer contribution to the HSA for High Deductible Health Plan (HDHP)/Health Savings Account (HSA) enrollees; \$800 for employee only coverage and \$1,600 for employee + one coverage

PRE-TAX CONTRIBUTIONS

Your medical, dental, vision, flexible spending account(s) and health savings account contributions are deducted from your paycheck on a pre-tax basis.

POST-TAX CONTRIBUTIONS

Your voluntary plans including life insurance, long-term disability, and all other voluntary benefits are deducted from your paycheck on a post-tax basis.

SPOUSAL SURCHARGE

Your contribution deduction will also include the spousal surcharge amount if you indicate your spouse has access to another medical plan (e.g., another employer's plan) and has waived coverage in that plan. Add \$28.85 a week to the medical plan rates for the spousal surcharge.

HEALTHYGUIDANCE® 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 on 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 when you and/or your spouse enroll in the HealthyGuidance® nicotine cessation program. Once enrolled in the nicotine cessation program, you must contact your local HR Representative with your enrollment date. You must complete the program within three (3) months of your program enrollment date. Upon completion, you must provide your ComPysch® HealthyGuidance® completion certificate to your local HR Representative. If after three (3) months a certificate of completion has not been provided to your local HR Representative, you will be charged the nicotine-user rate.

ADDITIONAL INFORMATION

Log in to mymodine.bswift.com to enroll in your benefits.

For more information see the 2024 Benefits Guide or scan the My Mobile Wallet Card QR code.



Pre-Tax Contributions

Medical Plan Contributions—Anthem BCBS						
Coverage Level	Blue PPO 1		Blue PPO 2		Blue HDHP 3	
	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	\$24.63	\$36.17	\$35.72	\$47.26	\$19.86	\$31.40
Employee + Spouse	\$57.85	\$69.39	\$82.23	\$93.77	\$47.36	\$58.90
Employee + Children	\$47.33	\$58.87	\$67.29	\$78.83	\$38.77	\$50.31
Family	\$84.15	\$95.68	\$119.62	\$131.16	\$68.84	\$80.38
Bi-Weekly Contributions						
Employee Only	\$49.26	\$72.34	\$71.44	\$94.51	\$39.73	\$62.81
Employee + Spouse	\$115.70	\$138.78	\$164.47	\$187.55	\$94.72	\$117.79
Employee + Children	\$94.67	\$117.74	\$134.58	\$157.66	\$77.54	\$100.62
Family	\$168.29	\$191.37	\$239.23	\$262.31	\$137.68	\$160.75
Semi-Monthly Contributions						
Employee Only	\$53.37	\$78.37	\$77.39	\$102.39	\$43.04	\$68.04
Employee + Spouse	\$125.34	\$150.34	\$178.18	\$203.18	\$102.61	\$127.61
Employee + Children	\$102.56	\$127.56	\$145.80	\$170.80	\$84.00	\$109.00
Family	\$182.32	\$207.32	\$259.17	\$284.17	\$149.15	\$174.15

Dental Plan Contributions—Delta Dental						
Coverage Level	Basic Dental Plan			Premium Dental Plan		
	Weekly	Bi-Weekly	Semi-Monthly	Weekly	Bi-Weekly	Semi-Monthly
Employee Only	\$2.35	\$4.70	\$5.09	\$3.01	\$6.02	\$6.52
Employee + Spouse	\$5.37	\$10.74	\$11.64	\$6.88	\$13.76	\$14.91
Employee + Children	\$5.09	\$10.18	\$11.03	\$6.53	\$13.06	\$14.15
Family	\$8.92	\$17.84	\$19.33	\$11.43	\$22.86	\$24.77

Vision Plan Contributions—NVA						
Coverage Level	Basic Vision Plan			Premium Vision Plan		
	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 2024 IRS Maximum Amount of \$4,150 for employee only coverage or \$8,300 for family coverage. Please note, the IRS Maximum includes both employee and employer contributions (\$800/\$1,600). 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 \$3,050 per year.

DEPENDENT (CUSTODIAL) CARE FLEXIBLE SPENDING ACCOUNT

You can contribute from \$250 to \$5,000 per year. If you are married and filing your taxes separately, you can contribute up to \$2,500 per year.

Post-Tax Contributions

Accident Insurance—Securian Life Insurance		
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 Life Insurance		
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 Life Insurance								
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 Life Insurance Rates are Shown Per \$1,000 of Coverage and Increase with Age	
Employee Age	Monthly Rate
Under 29	\$0.050
30-34	\$0.059
35-39	\$0.069
40-44	\$0.099
45-49	\$0.139
50-54	\$0.218
55-59	\$0.347
60-64	\$0.545
65-69	\$1.010
70+	\$1.891

Voluntary Employee Accidental Death & Dismemberment (AD&D)—Securian Life Insurance 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 Pet Health Insurance—ASPCA	
Get your customized quote and enroll by visiting www.aspcapetinsurance.com/modine or calling 877.343.5314 .	
Priority code: EB21MODINE	

Voluntary Spouse Life Insurance—Securian Life Insurance 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 Life Insurance 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 & Home Insurance—Farmers GroupSelectSM	
Enroll in auto, home, or renter's insurance by visiting www.myautohome.farmers.com or calling 800.438.6381 .	
Discount code: FA9	