

2026



BENEFITS GUIDE



[MyModineBenefits.com](https://www.MyModineBenefits.com)

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Your Modine 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'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

You and your family can access benefit information and plan documents on [MyModineBenefits.com](https://www.mymodinebenefits.com) from any device, wherever you are.









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 by Teladoc Health	Teladoc Health	800.835.2362	teladochealth.com/register/modine
Nurseline	Anthem BlueCross BlueShield	800.700.9184	
Medicare Advocacy Services	Allsup	888.452.9136	allsupllc.com
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 Financial • Underwriting	800.872.2214	securian.com/modine-insurance
Supplemental Health Plans	Securian Financial • Claims	800.328.9442	lifebenefits.com
Disability and Family Medical Leave Administration	Lincoln Financial Group • Reporting Claim/Leave • Disability Claims Office	888.408.7300 800.320.7585	lincolnfinancial.com
Employee Assistance Program (EAP)	Anthem BlueCross BlueShield	855.873.4932	anthemeap.com/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, <https://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.

Enrolling in Your Benefits					
					
Log in to https://mymodine.bswift.com	Verify your personal information	Review/add your dependent(s)	Elect or waive your benefits	Review your elections and complete your enrollment	Print a copy of your Confirmation Statement for your records

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 you log in for the first time. If you are having trouble logging in, please contact your HR Representative for assistance.

Enrollment Events and Deadlines

There are three events that will allow you to newly enroll or change your existing benefit elections.

Annual Enrollment	2026 Annual Enrollment runs from October 27, 2025 through November 7, 2025. All employees must enroll by November 7. Benefit elections during this period will be effective January 1, 2026.
New Hire	Eligible employees must elect benefits within 30 days of their hire date. Most benefit elections are effective as of date of hire.
Qualifying Life Event	Employees have up to 30 days from the qualifying 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 an 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 qualifying life event date. Supporting documentation to validate your life event is required within 45 days from the event date and can be uploaded to your Bswift Employee File.

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 qualifying life event).

Benefit Enrollment and Eligibility

Employees in an eligible class who work at least 30 hours per week or satisfy the Affordable Care Act (ACA) eligibility requirements 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 (new hire or qualified life event) 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 will 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 HR Representative with any questions.

* Note: The 45-day deadline excludes newly added dependents during annual enrollment.

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 2026, 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 Anthem's LiveHealth Online Tobacco Free Program.

LiveHealth Online Tobacco Free Program

Modine Manufacturing Company sponsors a nicotine cessation wellness program for you and your spouse. The LiveHealth Online Tobacco Free Program offered by our medical insurance provider, Anthem, is a five (5) session telephonic and web-based program. After you and/or spouse have enrolled in the Tobacco Free Program, you'll need to provide the enrollment date to your HR Representative. You and/or your spouse must complete the program within three (3) months of your 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 livehealthonline.com/healthyhabits/modine. You can sign up or log in to LiveHealth Online using your webcam enabled device.



Medical and Pharmacy

We offer the choice of three medical plans through Anthem BlueCross BlueShield. All of the medical options include prescription drug coverage 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.

- **GLP-1s for weight loss:** Effective January 1, 2026, Modine's health plans will exclude coverage for weight loss medications in the GLP-1 drug class (e.g., Wegovy, Zepbound). Coverage for GLP-1s when used to treat Type 2 Diabetes will continue to be covered. This decision was necessary to manage costs and avoid significant increases to employee premiums and cost share across the entire health plan. You may consult with your physician and CVS to determine if there are non-GLP-1 weight loss medications that could be used as an alternative or you can elect to self-pay for these medications.
- **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% coinsurance. To enroll, call PrudentRx at **800.578.4403**.
- **CVS Maintenance Choice Program:** If you take a maintenance medication on an ongoing basis for a condition such as high cholesterol or high blood pressure, you will save money by participating in the CVS Maintenance Choice Program. The Maintenance Choice Program offers options and savings when it comes to filling your 90-day prescription—you can pick up your prescription at Kroger affiliated pharmacies, Costco and its mail pharmacies, and several independent pharmacies, in addition to CVS Pharmacy and CVS Caremark Mail Service. Visit www.Caremark.com to locate Select Participating Pharmacies by using the pharmacy locator tool.
- **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	\$3,400/ \$6,800	\$6,800/ \$13,600
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	No charge	40%	No charge	40%	No charge	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 drug—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	
Maintenance Choice (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

SydneySM Health

Get quick and easy access to Anthem's resources and complete care support 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:

- Access virtual care
- Find care and check costs
- Review claims
- View and use digital ID cards

Need help registering? Call **833.646.9322**.

Free Virtual Care Solutions

Virtual Primary Care



Anthem's Sydney Health app makes it easier to find quality health care when and where you need it through their Virtual Primary Care (VPC) feature. With virtual care, you have convenient, hassle-free access to doctors and specialists in your plan's network, making it easier to fit a visit into your busy schedule. You can make appointments for wellness screenings, routine care, and lab tests. Your virtual care team can also work with you to create personalized care plans if you have a chronic condition such as asthma, diabetes, or high blood pressure.

LiveHealth Online

LiveHealth Online provides you the option to have a visit with a doctor on your smartphone, tablet, or computer. 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:

- Pink eye
- A cold, or the flu
- Allergies

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.

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.

Employee Assistance Program (EAP)

Anthem's Employee Assistance Program (EAP) provides quick and easy access to work/life support, confidential counseling, and referral services to help you deal with daily work and life challenges. It's available at no cost to you, your dependents, and household members.

Explore some of the services your EAP has to offer:



Counseling

- Access up to six (6) free visits per person, per event, per year

Work-Life Resources

- Find guidance on navigating your career, parenting, healthy communication, and balancing work and personal life

Legal Resources

- Book a 30-minute phone or in-person consultation with a lawyer for help with legal issues

Financial Planning

- Access unlimited phone consultations with a financial professional for assistance with retirement, home buying, and debt

Your EAP is here for you and available 24/7 by phone at **855.873.4932** or online at anthemeap.com/modine, company code "Modine." You must register first to obtain your unique member reference number (MRN) before services are provided.



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.

Convenient access to devices and tools at no extra cost

- Receive a connected blood glucose meter
- Get reminders on your meter to order more supplies before you run out
- Order unlimited strips and lancets delivered to your door

Connected support

- See all your blood sugar data in your secure Livongo account
- Get real-time tips and insights after every check
- Share reports with your doctor
- Set goals and reminders, track food and activity, and monitor health trends—all in one place
- Receive a weekly email summary with your trends and tools

Guidance from expert coaches

- Get 24/7 support for out-of-range readings and unlimited access to
- One-on-one coaching with Certified Diabetes Care and Education Specialists
- Message a coach anytime through your app or online account

Join by visiting

TeladocHealth.com/Register/MODINE register or call **800.835.2362**, registration code: MODINE.

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 health care 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 through Friday.



24/7 NurseLine

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

The 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**.

Allsup Medicare Advisory Services

If you and/or your spouse enrolled in a Modine medical plan are age 62 or over, approaching Medicare eligibility (turning 65), or already Medicare eligible, consider using Allsup, a FREE service that helps you identify alternative plan options that best fit your personal health care needs and budget. Through Allsup you'll have access to licensed Medicare advisors that can:

- Assess your specific needs, including prescription usage and preferred in-network physicians.
- Help you understand complex factors like Medicare enrollment periods and coordinating benefits while still working.
- Provide enrollment assistance should a Medicare plan be voluntarily selected.

Learn more about Medicare and get your questions answered by an expert. Visit allsupllc.com or call **888.452.9136**.



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 2026 ¹	✓ Employee: \$850 Family: \$1,700	✗
Can I contribute my own savings? ²	✓	✓
Is there an IRS maximum annual contribution?	✓ Employee: \$4,400 Family: \$8,750 Those 55 and older can contribute an additional \$1,000 annually	✓ Health Care FSA: \$3,300 or statutory limit/ Dependent Care FSA: \$7,500
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 15.

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 2026, the total of your contributions <u>and</u> the company's contribution can not exceed \$4,400 for individual coverage and \$8,750 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-free with HSA Invest. The HSA Invest program is administered by DriveWealth, LLC, a FINRA registered broker dealer. LeafHouse Financial Advisors, LLC is a registered investment advisor with the U.S. Securities and Exchange Commission that selects and manages the investments.

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 or receive the employer contribution if you are covered by a Health Care FSA, either through Modine (including the plan year grace period) or your spouse's plan.

See IRS Publication 969 for additional eligibility details.

Paying for Your Health Care 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.

Designate Your Beneficiary

One of the most neglected areas of retirement planning is beneficiary designation. By assigning a beneficiary for your Health Savings Account, you can rest assured that your assets will be distributed as planned.

To designate your beneficiary, log in to [HSABank.com](https://www.HSABank.com).

Flexible Spending Accounts

A Flexible Spending Account (FSA) helps you pay for health care or dependent care expenses, 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, and eligible over the counter medications and products	Maximum contribution is \$3,300 per year or the statutory limit. 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 eldercare so you and your spouse can work or attend school full-time. Eligible children must be under the age of 13.	Maximum contribution is \$7,500 per year (\$3,750 if married and filing separate tax returns).

IMPORTANT INFORMATION ABOUT FSAs

Your FSA elections are effective from January 1 through December 31. Note: FSA elections do not automatically carry over from year to year; you must actively make an election each year. 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.

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 email 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're automatically 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 15 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 Pre-Tax Contribution equal to 100% of the first 3% of compensation that you contribute to the plan (pre-tax and/or Roth) for the plan year, plus 50% of the next 3% of compensation that you contribute as an elective deferral (pre-tax and/or Roth).

Contribution Limit

You may contribute 1% to 75% of your eligible compensation through pre-tax 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/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.

Designate Your Beneficiary

If the unthinkable should happen to you, naming a beneficiary ensures your retirement savings are distributed how you want. Designate your beneficiary today by visiting principal.com/beneficiary.

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

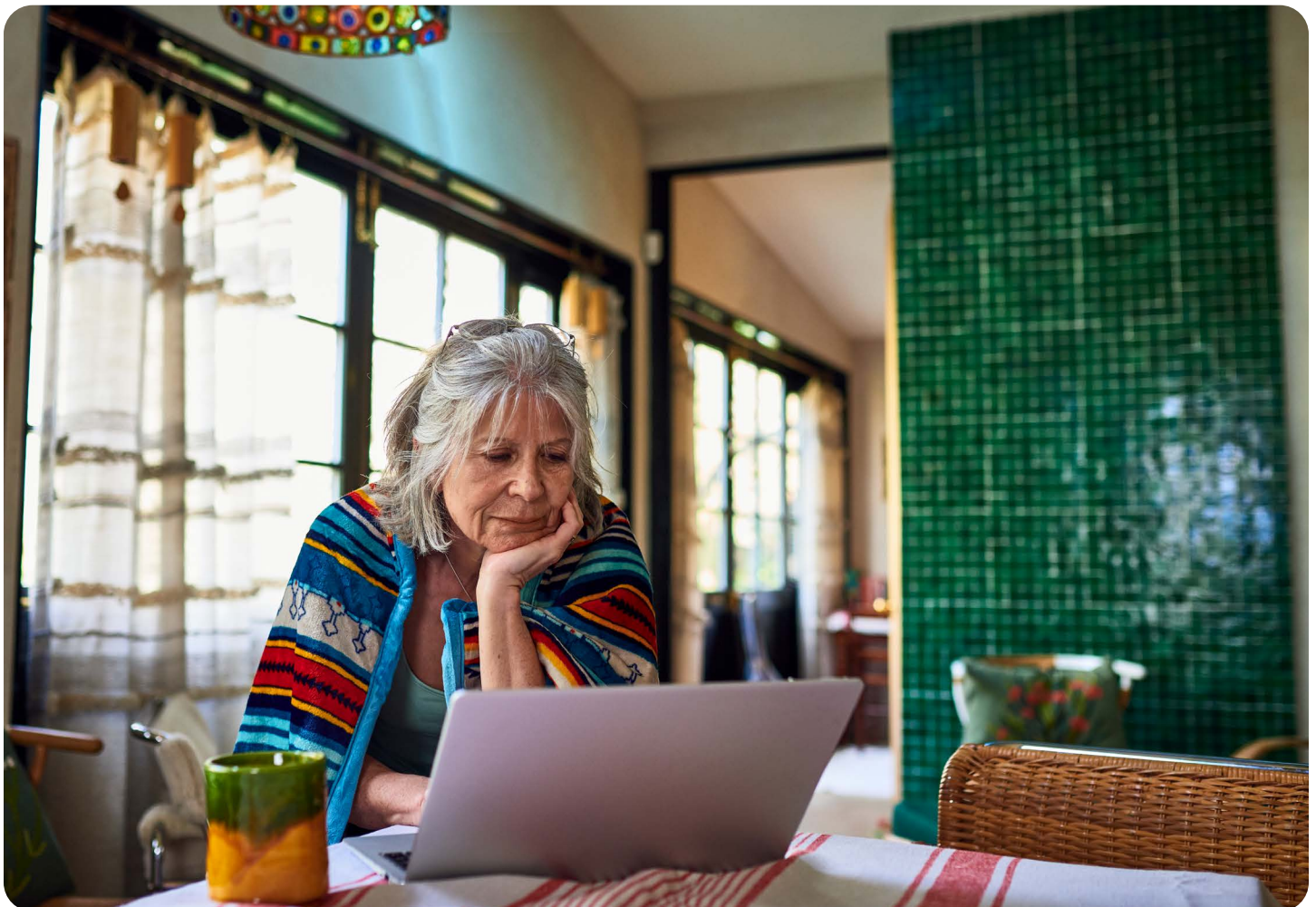
You can learn about:

- 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. 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	\$0/\$0
Calendar Year Maximum	\$1,000 per individual	\$3,000 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 \$3,000 per individual
Orthodontia	N/A	50%
Amount You Pay After Deductible		
Basic and Restorative Services (e.g., fillings, oral surgery)	20%	20%
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 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 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 is 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 individuals 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.

Basic Plan			Premium Plan		
Plan Provisions	In-Network	Out-of-Network	Plan Provisions	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 **SHIP24**. 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 Financial.

Basic 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 and 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).

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 Insurance

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 qualifying life event without evidence of insurability. Elections made outside of initial eligibility or qualifying life event and elections exceeding these amounts require EOI.

Voluntary Child Life Insurance

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

- A period of initial eligibility
- Annual enrollment
- Within 30 days of a qualifying life event

Designate Your Beneficiary

When you complete your benefits enrollment on mymodine.bswift.com, you will be prompted to designate a beneficiary and the allotted percentage for your employer-provided life insurance and any optional life insurance plans you elected. It is not necessary to add a beneficiary for your spouse or child life insurance since you as the employee are automatically the beneficiary. You can update your beneficiary information at any time by going to My Profile on mymodine.bswift.com.

Guaranteed Issue (GI)

Guaranteed issue is the amount of life insurance you are immediately eligible to purchase when you are newly eligible without answering any health questions. Amounts above the GI will require you to complete an Evidence of Insurability (EOI).

Evidence of Insurability (EOI)

An EOI is a questionnaire on your health status which must be completed within 42 days from the date of your enrollment. Once completed and all information is received and reviewed by Securian, Securian will communicate a decision to you and Modine. The effective date of your insurance will be the date Securian approves your application. The EOI application is available at www.lifebenefits.com.

Account Type	Cost	Benefit
Voluntary Life	Employee Paid	<ul style="list-style-type: none"> • 1-8× annual earnings rounded to the next \$1,000 • GI—3× annual earnings 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 • GI—\$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"> • 1-8× annual earnings rounded to the next \$1,000 • Maximum benefit of \$750,000 • EOI is not required

If your spouse or child is eligible for coverage as an employee, they cannot be covered as your dependent. A child may be covered by only one employee.

Beginning at age 65, Basic Life and AD&D, voluntary employee life, and VAD&D coverage reduces to 65% of the amount in effect prior to age 65.

Beginning at age 65, voluntary spouse life coverage reduces to a percentage of the amount in effect prior to age 65: to 65% at age 65, to 50% at age 70, and to 25% at age 75.

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

Visit securian.com/modine-insurance.



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

Additional Services

Employees who are eligible for Basic Life Insurance also have access to a suite of additional resources at no cost to you. These services are available to you, your spouse, and eligible children.

Travel Assistance

Redpoint provides you with 24/7/365 access to emergency assistance when traveling 50 or more miles away from home.

- **Pre-trip planning and trip support:** Passport, visa, immunization, and currency conversion information
- **Medical evacuation services:** Pre-hospital and rental vehicle assistance, transportation to nearest appropriate medical facility once hospitalized, mortal remains repatriation, return of dependent children/pets, family member visitation, and travel companion transport
- **Security evacuation services:** Transfer to nearest safe area, ID theft support, and assistance replacing lost or stolen luggage

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

Legacy Planning

Provides you with a variety of online information and resources to help with multiple aspects of legacy planning, such as:

- End-of-life and funeral planning
- Final arrangements
- Important directives and survivor assistance
- Express Assignment for expedited funeral assignments.

Visit Securian.com/legacy.

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 and supplemental health plans or you may convert your life insurance 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 Financial by electing Accident, Critical Illness, and Hospital Indemnity insurance for you and your eligible dependents.

Accident Insurance

Accident coverage 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

Critical Illness coverage 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 and if you are enrolled in both plans, you may be eligible to receive payments under both plans. 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.

Hospital Indemnity Insurance

Hospital Indemnity coverage 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
- Inpatient Substance Abuse Treatment
- Proactive Labor and Delivery Benefit
- 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 • Child coverage is equal to 50% of the employee benefit 	<ul style="list-style-type: none"> • Within 30 days of initial eligibility • Within 30 days of qualifying life event • 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 • No Age Reductions

A detailed listing of covered benefits and the applicable payment schedules can be accessed on securian.com/modine-insurance.

Securian Financial 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 lifebenefits.com.

- 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 including Short-Term Disability (STD), Long-Term Disability (LTD), Family Medical Leave (FMLA), and Paid Parental Leave (PPL). Consult your HR Representative to verify eligibility and if the state you work in provides mandated paid sick leave.

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.

All eligible employees who elect Voluntary Long-Term Disability coverage when newly eligible will receive coverage with no medical questions asked. If coverage is elected outside of initial eligibility, Evidence of Insurability (EOI) will be required within 60 days from the date of enrollment. Upon completion of your EOI questionnaire, Lincoln Financial will approve or deny your request for coverage. Coverage will not begin until your EOI is approved by Lincoln Financial.

A Pre-Existing Condition Limitation applies when an employee is enrolling in LTD for the first time. This also 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 [MyModineBenefits.com](https://www.modine.com/MyModineBenefits.com).

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
- To take medical leave when the employee is unable to work because of a serious health condition.
- Military exigency leave
- Military caregiver leave

Coverage	Benefit
Short-Term Disability	
Coverage	100% Employer paid
Eligibility	90 days
Elimination Period	Hospitalization and 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	90 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
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
Benefit	12 weeks unpaid, job protection

File Your Claim or Leave

You can report your initial claim or leave via the Intake Line at **888.408.7300**, or online at www.LincolnFinancial.com. First time users must register with the company code: **Modine**.

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 and 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

Visit myaip.com/activate to set up your account. You will be asked for the Member ID provided in the Welcome Letter from Allstate.

For assistance, contact the Customer Care team at **800.789.2720** or email customercare@aip.com.



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.
- **Maintenance Choice Program**—Generally provides a 90-day supply of a prescription medication for less than the cost at a retail pharmacy and offers the convenience of shipping directly to your home.
- **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.