U.S. ANNUAL BENEFITS ENROLLMENT 2027 FREQUENTLY ASKED QUESTIONS

October 2026

This document summarizes important employee benefit plan provisions. Honeywell Technologies has the right to modify, change and revise the terms and conditions of Honeywell Technologies employee benefits plans, as well as the right to terminate the plans (subject to applicable collective bargaining agreements). This communication is not a guarantee of the future availability or design of Honeywell Technologies employee benefits. The formal plan documents, as amended from time to time, will govern if there is a conflict between the description of the plans contained here and the plan documents.

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General

Q. What is Annual Enrollment?
A. Annual Enrollment is your one time opportunity of the year to enroll in or change your benefits without a qualifying life event. Use this time to review your current coverage and decide whether it will continue to meet your and your family's needs in the coming year.

Q. When is Annual Benefits Enrollment for U.S. employees?
A. Annual Benefits Enrollment (AE) for the 2027 plan year begins on October 12, 2026 and ends on October 30, 2026. The changes you make during this time will go into effect as of January 1, 2027.

Q. How do I review and make changes to my benefits?
A. Access honeywell.com/enrollAE to log into the Benefits Center. You can find information on Annual Enrollment and how to make changes for 2027. Click the AE banner on the homepage to learn more about 2027 Annual Enrollment.

Employees without online access should call HR Help at 1-877-258-3699 or access via the site http://www.benefitcenter.com/honeywell to review plan changes and enroll.

Q. What happens if I do not take action to enroll?
A. If you do not actively enroll during Annual Enrollment and you have medical, dental, vision coverage today, you will continue to have coverage in 2027. ***Be sure to log into the Benefits Center to review your coverage and ensure all costs and coverage for plan year 2027 are correct.***

If you contributed to a Health Savings Account in 2026, you will continue to have the same election in 2027. If you are currently enrolled in a Limited Purpose Flexible Spending Account (FSA) or Dependent Care Flexible Spending Account (DCFSA), you must re-enroll in those plans each year. If you do not re-elect, those elections will not carry over to next year.

If you have waived healthcare coverage in 2026, and take no action, you will continue to waive coverage in 2027.

2027 Changes

Q. Are there changes to the HON Medical Plan in 2027?
A. While there are no new Medical vendors or plan options for the 2027 plan year, there will be employee premium contribution changes.

Note: Due to Honeywell's fully insured contract with Kaiser Permanente, we are required to follow any state-mandated coverage requirements. This may result in plan design differences. Please refer to the Kaiser Summary of Benefit Coverage (SBC) for your region for further details.

Q. Will there be premium contribution increases in 2027?
A. Yes, employees enrolled in the High-Deductible Health Plan (HDHP) with Cigna, Horizon and Kaiser Permanente will see increases in their premium contributions in 2027. We encourage you and your family to review these new premiums on the Annual Enrollment site.

Q. Will the HON Medical Plan deductible or out-of-pocket maximum change?
A. In order to maintain an HSA-compliant High-Deductible Health Plan (HDHP), deductibles must meet the minimum thresholds established annually by the IRS. As these IRS limits have increased for 2027, the HDHP plan deductibles have been adjusted to preserve HSA eligibility.

Q. Will I be receiving a new medical insurance identification (ID) card for 2027?
A. There are no medical plan changes for Kaiser, Cigna or Horizon members in 2027, however, you will receive a new ID card due to the Honeywell Technologies name change. Cigna only provides digital ID cards. You can request a physical card from Cigna directly at any time. Cigna and Horizon members can also access their digital ID on Castlight.

Q. Will I be receiving a new dental insurance identification (ID) card for 2027?
A. Yes. If you are enrolled in the MetLife or Cigna dental plan options, you will receive a new dental insurance card for Honeywell Technologies.

Q. Are there changes to the dental plan for 2027?
A. Yes. Dental plan payroll contributions will increase for employees enrolled in the Cigna DHMO and MetLife PPO High Plan options for 2027. Employees enrolled in the MetLife PPO Low Plan will see no change in their dental contributions.

Q. Are there changes to the vision plans for 2027?
A. No. Vision plan design and premium contributions will not change for 2027.

Q. Are there changes to the disability plan designs (short- or long-term disability) for 2027?
A. No. Short- or Long-term disability plans will not change for 2027.

Biometric Screenings

Q. Will I see a Biometrics surcharge when reviewing my benefits costs for 2027?
A. If you completed your biometric screening by September 30 and did not test positive for nicotine, you should not see a surcharge.

Note: Employees who completed their screening between September 30 and October 9 may temporarily see a surcharge during Annual Enrollment. If you completed the screening by the October 9 deadline and did not test positive for nicotine, any surcharge displayed will be removed before January 1. For assistance, contact HR Help at 1-877-258-3699.

Q. What if I completed my biometrics screening after Oct 9th, was granted an exception through HealthResource, or had a negative nicotine test result and still see a surcharge?

A. Due to the timing of getting biometric results to our Annual Enrollment module, you may still see a surcharge applied to your total benefit costs. If any of the above circumstances apply to you, we ask that you carefully review the benefit confirmation statements that will be sent out in December to make sure the surcharge is not applied.

Q. Where do I go to confirm my biometric screening was completed?
A. You may access your biometric screening results on either the My.QuestforHealth.com website or on the Castlight website.

Medical/Pharmacy

Q. Are there differences in coverage between Cigna, Horizon & Kaiser?
A. The high-deductible health plan design is essentially the same for all 3 medical carriers. The medical carriers offer different provider networks for in-network doctors, hospitals, and facilities. Employees are encouraged to review the provider directories during Annual Benefits Enrollment to find out whether the doctors they plan to see are in-network providers. Also, keep in mind providers participating in the networks can change during the year, so employees should always confirm whether services will be provided on an in- or out-of-network basis.

Q. What is a deductible?
A. This is the flat dollar amount you pay each year before the plan begins paying benefits. The deductible varies based on whether you're covering only yourself or yourself and another family member.

Q. What is an Out-of-Pocket Maximum (OOPM)?
A. This is the maximum amount you need to pay toward your health care for the plan year. Once you reach your out-of-pocket maximum, the plan pays at 100 percent for eligible expenses. Depending on the plan you choose, deductibles may or may not be included in the out-of-pocket maximum.

Q. Do I pay copays for doctor's office, prescriptions, and/or emergency room visits?
A. No. The medical plan design includes coinsurance for both in-network and out-of-network covered services. Copays do not apply to any covered services.

Q. Are preventive services covered at 100%?
A. Certain in-network preventive care expenses are covered at 100%, with no deductible or coinsurance required. Preventive services are not covered out-of-network. To confirm services considered preventive care, please visit your medical plan website or health benefits information through HR Direct.

Q. How does my prescription drug coverage work?

A. When you enroll in medical coverage, you will also have prescription drug coverage. Under the medical plan design, deductibles and coinsurances apply to covered prescription drugs. You must meet your medical plan deductible before the plan begins to pay for prescription drugs. Once you meet your deductible, coinsurance applies. Some per prescription caps are in place to limit your financial exposure for high-cost prescriptions.

Q. How can I obtain my 90-day maintenance medication that I take regularly for conditions such as high blood pressure or asthma?
A. You can choose to fill your 90-day supply of maintenance medication at CVS Pharmacy® or through CVS Caremark® Mail Service Pharmacy. By doing so, you're getting your medications at a lower cost and meeting the requirements of your plan.

Q. Are there delivery options for my medication available?
A. Yes. You can have your 90-day supply of maintenance medication delivered along with short-term medications (such as antibiotics). There are two delivery speeds available:

- **On-Demand Delivery**- get it on the same day for a small fee*
- **1–2 Day Delivery**- get it in 1-2 days from USPS, all at no extra cost to you**

Savings Accounts

Q. What is the maximum annual amount I can contribute to a Health Savings Account (HSA)?
A. The maximum 2027 HSA contribution limits are:

- **Individual Coverage** $4,500
- **Family Coverage** $9,000

If you are over age 55 by December 31, an additional $1,000 may be contributed.

It is your responsibility not to exceed the IRS HSA maximum contribution (inclusive of any spousal or other HSA).

*Note the maximum limits above include any employer contributions you may be eligible to receive. If you are eligible to receive employer contributions, please keep this in mind when choosing your savings goal amount for the year.

Q. Who is eligible for the $200 Honeywell Technologies HSA seed[1]?
A. To be eligible for the Honeywell Technologies $200 HSA seed, you must be enrolled in the Honeywell High-Deductible medical plan and earn up to $50,000 in annual base salary. There is no action required on your end to receive the funds.

You are **not** eligible to contribute to an HSA if you are:

- Enrolled in another medical program that is not a high-deductible health plan (for example, through a spouse/domestic partner's employer).
- Enrolled in Medicare Parts A and/or B.
- Enrolled in Tricare (benefits offered to military personnel).
- Covered as a dependent under a Health Care FSA (such as through your spouse/domestic partner's employer).

Q. Will I forfeit the money I contribute to my HSA if I don't use it during the year?
A. No. You won't lose it if you don't spend it by a certain date or if you change employers.

Q. What is maximum annual amount I can contribute to a Limited Purpose Flexible Spending Account (LPFSA)?
A. The maximum employee contribution to the LPFSA will be $3,400. Only dental and vision expenses can be submitted for reimbursement from a Limited Purpose FSA.

Q. What is the new maximum annual amount I can contribute to a Dependent Care Spending Account (DCFSA) in 2027?
A. You can contribute up to $7,500 (up to $3,750 if you are married and file taxes separately) to the DCFSA each year.

Note: To comply with non-discrimination testing requirements, the maximum annual DCFSA contribution will continue to be $3,200 in 2027, for employees earning more than $150,000 annually

Q. Can changes be made to my Limited Purpose Flexible Spending Account (LPFSA) and Dependent Care Spending Account (DCFSA) throughout the year?
A. No. Elections are irrevocable for the duration of the Plan Year. However, following a qualified status change event, an eligible employee may have a limited period to make an election change under the Plan.

Dependents

Q. Can I cover my domestic partner under the Honeywell medical, dental and vision plans?
A. Yes, an eligible employee's domestic partner is eligible for medical, dental and vision benefits under the Plan. For this purpose, a Domestic Partner is a person of the same or opposite gender as such employee who has in their personal possession a state or local governmental registration or other documentation of domestic partnership signed by both partners. The document must be dated prior to enrolling for benefits.

Employees with Domestic Partners are required to notify HR Help if there is a change in the domestic partnership that would end the state or local governmental registration. The tax consequences of Plan coverage for Domestic Partners will be governed by and determined in accordance with applicable federal, state and local requirements. You may be required to provide proof of dependent eligibility, if requested.

Q. How much will I have to pay for my domestic partner's coverage?
A. Contributions for domestic partner coverage will be similar in cost to an employee covering their spouse. However, the portion of the contribution allocated to your eligible domestic partner (and their eligible children if applicable) will be withheld on an after-tax basis. In addition, the value of health coverage provided by the plan is considered wages for federal and/or state tax purposes and therefore will be added to your W-2 income.

If you claim your domestic partner as your tax dependent under Internal Revenue Code §152, the value of health coverage provided by the plan may not be considered wages for tax purposes. You will need to notify HR Help at 1-877-258-3699, if this applies to you.

Q. Can I submit my domestic partner's claims for reimbursement under the Limited Purpose Flexible Spending Account (LPFSA) or Health Savings Account (HSA)?
A. Generally, claims can only be reimbursed for the employee, the employee's spouse or the employee's tax dependents. However, if you can claim your domestic partner as a tax dependent, under Internal Revenue Code §152, then you may be able to submit your domestic partner's claims for reimbursement. Please consult your tax advisor for guidance.

Other FAQs

Q. What are salary-based contributions?
A. Salary-based contributions link the amount you pay for medical coverage to your annual base salary. Employees who earn a higher salary will pay more for medical coverage. If you had a salary increase in 2026, your medical premium contributions for 2027 may increase.

Q. How is salary defined? Does it include bonus or overtime?
A. Salary is defined as your annual base salary before taxes or other deductions are taken out. Bonuses, commissions, shift differentials, and overtime pay are not included. Your base salary as of September 30, 2026, will be used to determine your salary-based contributions for 2027.

*Most prescriptions eligible for delivery with qualifying health plans. Orders arrive on the same day by 8pm Monday through Friday, by 4pm on Saturday and Sunday, seven days a week. Orders must be placed by 4 p.m. or four hours before pharmacy closing, whichever is earlier, to ensure delivery within same day. Order cut-off times and delivery fees apply. Delivery is limited to certain locations within a 10-mile radius of CVS Pharmacy locations, and as allowed by and in accordance with state guidelines and regulations. Participating locations only. Either the member or an agent of the member must be present at the delivery address to receive a prescription package. Your delivery is provided at a special rate as part of your prescription benefit plan. You will be notified of the fee before you prepay for your delivery order. Other restrictions apply, see www.cvs.com/RxDelivery or ask pharmacy staff for details.

**Most prescriptions eligible with qualifying health plans. Delivery period does not include Sundays or USPS holidays. Order cut-off times and delivery fees apply. Participating locations only. Delivery not available to every address. Delivery prices may vary from store prices. Coupons/promotions may not be available with delivery orders. Other restrictions apply. Ask pharmacy staff for details. Your delivery is provided at a special rate as part of your prescription benefit plan. You will be notified of the fee before you prepay for your delivery order. Other restrictions apply, see www.cvs.com/RxDelivery or ask pharmacy staff for details.

[1] Excluding employees of FM&T and those covered by a collective bargaining agreement, except to the extent such collective bargaining agreement specifically adopts the provisions of this Policy