

# IMPORTANT NOTICE

## NOTICE REGARDING HONEYWELL'S WELLNESS PROGRAM

Honeywell's wellness program under Honeywell's medical plan (the Program) is a voluntary wellness program available to all employees. The Program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Program, you may be asked to provide evidence that you are fully vaccinated against COVID-19 and/or may be asked to complete a biometric screening, which will include a blood test for cholesterol, non-fasting glucose, and nicotine. To the extent that a biometric screening is requested, your blood pressure, height, weight, and waist circumference will also be measured. You are not required to provide evidence that you are fully vaccinated against COVID-19, if applicable, and you are not required to participate in the blood test or other medical examinations. However, to the extent that evidence of fully vaccinated status is requested, employees who choose not to provide such evidence may be subject to an unvaccinated surcharge. Additionally, employees who choose not to participate in the Program, as well as their covered spouses or domestic partners who choose not to participate in the Program, will be subject to a tobacco surcharge and, if applicable, a biometric surcharge.

Employees, as well as their covered spouses or domestic partners, who test positive for nicotine can avoid a tobacco surcharge by enrolling in a tobacco cessation program. If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting HealthResource at 1-800-944-4887.

The information from your biometric screening, if applicable, will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the Program, such as coaching support for a health risk that may be identified from your screening. You also are encouraged to share your results or concerns with your own doctor.

### Protections from Disclosure of Medical Information

By participating, you authorize any results to be sent from Quest Diagnostics® to applicable service providers associated with the Program (Service Providers), including CareAllies, a health management company, and ExlService.com, I.L.C, a healthcare analytics solution provider. We are required by law to maintain the privacy and security of your personally identifiable health information. Although the Program and Honeywell may use aggregate information collected to design a program based on identified health risks in the workplace, neither the Program nor the Service Providers will disclose any of your personal information either publicly or to Honeywell, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the Program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the Program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Program, receiving an incentive or avoiding a surcharge. Anyone who receives your information for purposes of providing you services as part of the Program will be asked to abide by the same confidentiality requirements. Except as permitted by applicable law, the only individual(s) who will receive your personally identifiable health information are applicable Service Provider personnel, including health coaches and data analytics specialists, in order to provide you with services under the Program.

In addition, except as permitted by applicable law, all medical information obtained through the Program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the Program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the Program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Honeywell's HIPAA Privacy Officer at Honeywell International Inc., Attn: Health and Insurance, HIPAA Privacy Officer, 855 S. Mint St. Charlotte, NC 28202.

*This document makes reference to the terms of certain employee benefit plans and programs provided by Honeywell International Inc. and its affiliates ("plans"). Nothing in this document creates a right to be covered under such plans. In the event of any conflict between the plans and this document or any oral or written statements made by a supervisor, human resources or other representative, the applicable legal plan document will govern. Honeywell reserves the right to amend, modify or terminate the plans at any time and for any reason (subject to applicable collective bargaining agreements) with respect to both current and former employees and their dependents.*