



U.S. Exempt Employees

2026 Benefits at a Glance (Updated: December 2025)

All benefits are effective as of date of hire, unless specifically noted.

MEDICAL (does not apply to employees in Puerto Rico; Kaiser, and HMO Hawaii are also available at certain locations)

- Two national medical plan networks to choose from: Cigna or Horizon Blue Cross/Blue Shield
- High deductible plan design with Health Savings Account (HSA)
- Lifetime Maximum: None
- In-Network Deductible: \$1,700 individual, \$3,400 family
- In-Network Out-of-Pocket Maximum:
 - For annual pay \$50,000 and below: \$2,900 single coverage, \$5,800 family coverage
 - For annual pay more than \$50,000: \$4,400 single coverage, \$8,800 family coverage
- In-Network Coinsurance: 20% after deductible
- In-Network Preventive Care: Covered at 100%
 - All preventive generic drugs at covered at 100%
- In-Network Drug Cap on Employee Cost After Deductible is Satisfied: \$200 at retail, \$400 at mail
- In order to better support you as you make important healthcare decisions, we encourage you to engage with Medical Ally’s Surgery Decision Support program when considering hip replacement, knee replacement, hysterectomy, low back surgery, or bariatric/weight loss surgery. If your doctor recommends these surgeries you may qualify for a \$400 prepaid card* just for learning more about your treatment options.
- Out-of-Network coverage provided: see full plan documentation for details.

Cost of Coverage

Average Monthly Cost Employees making less than \$100K	Average Monthly Cost Employees making \$100K - less than \$200K	Average Monthly Cost Employees making \$200K - less than \$300K	Average Monthly Cost Employees making \$300K or more
Employee only: \$86 Employee + Spouse: \$197 Employee + Children: \$167 Family: \$274	Employee: \$120 Employee + Spouse: \$285 Employee + Children: \$234 Family: \$383	Employee: \$162 EE+ Spouse: \$400 EE + Children: \$315 Family: \$518	EE: \$210 EE + Spouse: \$540 EE + Children: \$410 Family: \$673

Rates above are estimates and will vary based on employee’s U.S. geographic location and medical plan selection.

VISION

- Employees have three vision options with various levels of coverage (Base, Premier, Premier Plus)
- Employees not enrolled in the medical plan can enroll in vision coverage

Cost of Coverage – Approximate Monthly Cost for Vision

Employee only: \$3 - \$10 | Family: \$11 - \$32

DENTAL

PPO Plan Options - In-Network Plan Highlights:

	MetLife PDP Plus	MetLife PDP Plus Premier
Deductible	\$100 per person/\$250 per family	
Maximum Benefit	\$1,000 per person	\$1,500 per person
Diagnostic and Preventive	Covered at 100%	
Basic Restorative (fillings, extractions)	Covered at 60%	Covered at 70%
Major Restorative (bridges, dentures)	Covered at 30%	Covered at 50%
Orthodontia - Child	Covered at 50% \$1,000 per person (in addition to max benefit / calendar year)	Covered at 50% \$1,500 per person (in addition to max benefit / calendar year)

Cigna DHMO Option Available at Some Locations

- No deductible and no maximum benefit
- Diagnostic and Preventive: 100%
- Basic Restorations: 100%
- **No out of network coverage: You can only receive care from DHMO providers.**

Cost of Coverage – Monthly Cost for Dental

	Cigna DHMO	MetLife PDP Plus	MetLife PDP Plus Premier
Employee Only	\$11	\$15	\$18
Employee + Spouse	\$21	\$31	\$39
Employee + Child(ren)	\$34	\$32	\$39
Family	\$40	\$53	\$66

HEALTH SAVINGS ACCOUNT (HSA)

- If you enroll in the Honeywell Medical Plan, you may choose to contribute to a Health Savings Account (HSA) with Bank of America
- The IRS maximum allowable annual HSA contributions for 2026 are \$4,400 for single coverage and \$8,750 for family coverage.
- If you are age 55 or older by December 31, 2026, you can contribute an additional annual catch-up contribution of \$1,000.
- Honeywell will contribute \$200 for all enrolled employees with an annual salary of up to \$50,000 who are eligible to contribute to an HSA*

*HSA employer contributions are available only to Futureshapers enrolled in the Honeywell Medical Plan. This does not apply to FM&T salaried and hourly employees.

LIMITED PURPOSE HEALTH (LPFSA) AND DEPENDENT CARE SPENDING (DCSA) ACCOUNTS

- The LPFSA allows you to set aside money from your pay before taxes to be used for eligible **dental and vision expenses only**
- The Dependent Care Flexible Spending Account allows you to set aside money from your pay before taxes to be used for eligible dependent care expenses
- Contribution limits apply

Cost of Coverage – Based on Employee Election

COMMUTER BENEFIT (Federal Manufacturing & Technologies, LLC employees are not eligible)

- The Commuter Benefit provides the opportunity to save by purchasing qualified public transit and parking passes and vouchers with pre-tax dollars.

Cost of Coverage – Based on Employee Election

HEALTHRESOURCE

- Medical decision support resources for employees and family members, including coaching for health needs such as chronic conditions, tobacco cessation, weight management, and more
- Employee Assistance Program (EAP) 8 sessions per issue per year effective 1/1/2025

Cost of Coverage – 100% Company Paid

BASIC LIFE INSURANCE

- 1 times annual base pay

Cost of Coverage – 100% Company Paid

GROUP UNIVERSAL LIFE INSURANCE

- Up to 8 times annual base pay for employee
- Up to 4 times your annual base pay for your spouse

- Term insurance available for children
- You or your spouse may be subject to Evidence of Insurability if above the guaranteed issue

Cost of Coverage – 100% Employee Paid (varies based on age, coverage level, and tobacco status)

ACCIDENTAL DEATH AND DISMEMBERMENT

- 1.5 times annual base pay (with option to purchase additional coverage)

Cost of Coverage – 100% Company Paid

BUSINESS TRAVEL ACCIDENT INSURANCE

- Up to 5 times annual base pay

Cost of Coverage – 100% Company Paid

SICK TIME AND SHORT-TERM DISABILITY

- SICK TIME: 56 hours of paid sick leave per calendar year (employees in some locations may receive more than 56 hours based on local laws)
- STD: 100% of annual base pay through 8 weeks and 70% of annual base pay for weeks 9-26 (minus state disability where applicable) is provided for absence due to a non-work-related disability up to 26 weeks.

Cost of Coverage – 100% Company Paid

LONG TERM DISABILITY

- 60% of annual base pay (or optional annual base pay plus variable pay for MIP eligible), after short term disability ends

Cost of Coverage – 100% Employee Paid

EDUCATIONAL ASSISTANCE

- If eligible, up to \$5,250 per year for undergraduate degree programs and \$7,500 for graduate degree programs
- Applicable for engineering, technology, and business related programs at educational institutions accredited by a member organization of the Council of Regional Accrediting Commissions (www.c-rac.org).

Cost of Coverage – 100% Company Paid

401K SAVINGS PLAN

- You may commence participation in the plan as soon as administratively possible following your hire date (generally within two weeks). You must make an affirmative election to commence participation.
- Generally, you may elect to defer Pre-Tax, After-Tax, and Roth contributions.
- Honeywell matches 87.5% of the first 8% of eligible pay you contribute.
- Match will be contributed annually in a lump sum by the end of the January following the calendar year in which you contribute.

- To be eligible for any match for a given year, participants generally need to remain actively employed by Honeywell through and including December 15 of that year.
- Honeywell matching contributions generally become fully vested after completion of three years of vesting service.

VACATION AND HOLIDAYS (does not apply to Federal Manufacturing & Technologies, LLC employees)

- Vacation time can be scheduled with manager approval based on business priorities and personal needs, without pre-set maximums (does not apply to employees working in California prior to January 1, 2017)
- All U.S. sites will have 12 days off for holidays (seven standard and five set by the SBG or site)

PARENTAL LEAVE

- Eight weeks (40 business days) of paid leave to focus on family without having to take vacation days. This can be taken consecutively or intermittently in increments of 10 business days (2 weeks). This leave should be used continuously within 12 months of a birth, adoption, or foster care placement.
- Parental leave runs consecutively with short term disability leave for birth mothers

EMPLOYEE DISCOUNTS

- Eligible for discounts on many Honeywell products and other retail/service providers

PENSION PLAN

- No new or rehired employees participate in a Honeywell defined benefit pension plan for future service or earnings under any pension formula
- If you are a rehired employee with a Honeywell defined pension benefit based on prior employment, you will be credited with vesting service only for purposes of vesting and early retirement eligibility if applicable
- **No exceptions are made to this rule**

This document summarizes key features of Honeywell's employee benefit plans and other programs and services, and may not apply to employees who are covered by a collective bargaining agreement.

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 with respect to both current and former employees and their dependents.

*To be eligible, engage with a Medical Ally for one of the elective surgeries above and complete a survey. You must start the program at least 30 days before a planned surgery date. Emergency procedures do not qualify for the incentive, and other restrictions may apply.