



YOUR DECISIONS MAKE A DIFFERENCE

**QUALITY.
CHOICE.
WELL-BEING.**

Plan Year 2025

Honeywell

HONEYWELL BENEFITS

At Honeywell, The Future Is What We Make It. As a Futureshaper, we want you to thrive professionally and personally — and Make the Best You.

Honeywell is focused on great positions in good industries, driven by technologies and solutions that help solve the world’s toughest challenges. Our employees innovate and create value for Honeywell every day and we ensure that employees share in the value they help create with differentiated rewards, including competitive total compensation and benefits programs.

As part of these benefits, we offer health care plans to help you and your family stay healthy and provide coverage in the event of an illness or injury. We also offer benefits that provide financial protection for you and your family, in the event of an accident, disability or death, and plans that help you save for retirement.

Health care costs remain a significant expense for our company, employees, and the country, with health care spending continuously outpacing inflation. Honeywell is committed to helping its employees become better-informed health care consumers. Our health care plan and tools will empower you to make educated health care decisions with an emphasis on both quality and cost-effectiveness.

As a new hire, you have 45 days to enroll for your benefits online. After 45 days, call HR Help at 1-877-258-3699 for support.

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THE HONEYWELL MEDICAL PLAN

The Honeywell Medical Plan gives you the flexibility to go in- or out-of-network when you need care. You receive a higher level of coinsurance when you use in-network providers. You must meet an annual deductible before the plan starts to pay benefits. Because of the importance of preventive care, in-network preventive care is covered at 100% and is not subject to the in-network deductible. To help protect you in the case of a serious medical situation, the plan includes features that limit your financial exposure.

WHAT’S “PREVENTIVE CARE”?

Keeping up with regular preventive care is an effective way to maintain good health and identify potential health issues as early as possible. Preventive care benefits are subject to the plan’s rules, including age and frequency limits.



Visit Benefits.Honeywell.com to explore your health care benefits and resources available to you and review more details for new hires.

HOW THE MEDICAL PLAN WORKS

- 01 Preventive care.** In-network preventive care, including certain generic preventive drugs, is covered at 100% and is not subject to the annual deductible.
- 02 Annual deductible.** Before the plan covers your non-preventive care (like a hospital stay, doctor visit, specialist care, or prescription drugs), you must meet the annual deductible.

ANNUAL DEDUCTIBLE

In-Network ¹	Out-of-Network ¹
• \$1,700 for single coverage	• \$3,000 for single coverage
• \$3,400 for family coverage (one or more dependents) ²	• \$6,000 for family coverage (one or more dependents) ²

¹ Out-of-network expenses do not apply to the in-network deductible and in-network expenses do not apply to the out-of-network deductible.

² The full family deductible must be met before anyone in the family can receive benefits and coinsurance begins.

MEDICAL PLAN NETWORKS

When you enroll for benefits, you can select the medical plan network right for you. Visit www.cigna.com and www.horizonblue.com/honeywell for details. Be sure to continue to check the network of doctors throughout the year.

Note that Kaiser Permanente may be offered at certain locations.

03 Coinsurance. Once the deductible is met, you and the plan will begin sharing in the cost of services through coinsurance.

In most cases, you pay less when you visit in-network providers because they provide services at lower, negotiated rates and the coverage is greater:

- For in-network care: Honeywell pays 80% and you pay the remaining 20% after the in-network deductible is met.
- For out-of-network care: Honeywell pays 50% of the allowable amount* and you pay the remaining costs after the out-of-network deductible is met.

* 110% of Medicare RBRVS.

These coinsurance rates apply to Covered Services including primary and specialty care office visits, prescription drugs, hospital stays, and emergency room visits. Refer to your Summary Plan Description for information on Covered Services.

04 Out-of-pocket maximum. The most you'll pay out of pocket for Covered Services during the year (the out-of-pocket maximum) is shown in the table below, and depends on your annualized base pay, coverage level and whether you seek care in- or out-of-network. Once you meet this maximum, Covered Services are paid at 100% for the remainder of the year. (Note: Coinsurance expenses and the annual deductible all count toward the out-of-pocket maximum.)

OUT-OF-POCKET MAXIMUM	
In-Network ¹	Out-of-Network ¹
If your annualized base pay is \$50,000 or less: <ul style="list-style-type: none"> • \$2,900 for single coverage • \$5,800 per family 	<ul style="list-style-type: none"> • \$8,000 for single coverage • \$16,000 for family coverage (one or more dependents)
If your annualized base pay is over \$50,000: <ul style="list-style-type: none"> • \$4,400 for single coverage • \$8,800 per family 	

¹ Out-of-network expenses do not apply to the in-network maximum. In-network expenses do not apply to the out-of-network maximum.

WHAT ABOUT MY CONTRIBUTIONS?

You and Honeywell share in the cost of coverage (payroll contributions for medical coverage).



FOR EMPLOYEES COVERING ONE OR MORE DEPENDENTS

The full family annual deductible must be met before anyone in the family can receive benefits and coinsurance begins.

HONEYWELL MEDICAL PLAN AT-A-GLANCE

Benefit Feature	In-Network ¹	Out-of-Network ¹
Dependent Coverage	Up to age 26	
Annual Deductible	<ul style="list-style-type: none"> • \$1,700 for single coverage • \$3,400 for family coverage² 	<ul style="list-style-type: none"> • \$3,000 for single coverage • \$6,000 for family coverage²
Preventive Care	100%, no deductible	Not covered
Primary And Specialty Care Office Visits, Including Mental Health And Substance Abuse Outpatient Visits	80% after deductible ³	50% of allowable amount ⁴ after deductible
Hospital Stay	80% after deductible	50% of allowable amount ⁴ after deductible
Emergency Room	80% after deductible	80% after deductible
Prescription Drugs ⁵	80% after deductible	50% of allowable amount ⁴ after deductible
All Other Covered Services	80% after deductible	50% of allowable amount ⁴ after deductible
Annual Out-Of-Pocket Maximum (Includes Annual Deductible, See The Summary Plan Description For Additional Information About Which Expenses Count Toward This Maximum)	If your annualized base pay is \$50,000 or less: <ul style="list-style-type: none"> • \$2,900 for single coverage • \$5,800 per family If your annualized base pay is over \$50,000: <ul style="list-style-type: none"> • \$4,400 for single coverage • \$8,800 per family 	<ul style="list-style-type: none"> • \$8,000 for single coverage • \$16,000 per family
Lifetime Maximum	None	None

¹Out-of-network expenses do not apply to the in-network deductible or in-network out-of-pocket maximum. In-network expenses do not apply to the out-of-network deductible or out-of-network out-of-pocket maximum.

²If you are covering one or more dependents under the Honeywell Medical Plan, the family annual deductible must be satisfied before coinsurance begins.

³For Cigna Staff participants: In-network primary care office visits out of the Cigna Staff model are covered at 70% after deductible.

⁴110% of Medicare RBRVS.

⁵After the deductible is satisfied, you pay the coinsurance, subject to a \$200 maximum per prescription for retail and \$400 maximum for a 90-day supply for mail order.

SURGERY DECISION SUPPORT

In order to better support you as you make important healthcare decisions, we encourage you to engage with My Medical Ally's Surgery Decision Support program. To learn more, contact My Medical Ally at 1-888-361-3944. The program addresses the following five procedures: knee replacement, hip replacement, hysterectomy, low back and bariatric surgery. If your doctor recommends these surgeries you may qualify for a [\\$400 prepaid card](#)* just for learning more about your treatment options.

*To be eligible, engage with a My 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. Prepaid Mastercard® issued by MetaBank®, Member FDIC. Card terms apply. Card is courtesy of My Medical Ally, an Alight company; Awards may be taxable.

PRESCRIPTION DRUG COVERAGE

When you enroll in the Honeywell Medical Plan, you will automatically have prescription drug coverage through CVS Caremark.

You will have access to a network of retail pharmacies and a mail-order drug program. Prescription drug charges will apply toward the medical plan annual deductible and out-of-pocket maximum.

- Until you satisfy the plan's annual deductible, you will pay the full cost of the prescription (which can vary by pharmacy).
- Once you meet the annual deductible, Honeywell will pay for 80% of each covered prescription drug if you use a network pharmacy and you will be responsible for the remaining 20%.
- If you satisfy the plan's out-of-pocket maximum, covered prescription drugs are paid at 100%.

All preventive generic drugs are covered at 100% when purchased via mail order or CVS Maintenance Choice program or at retail after you successfully opt out of the CVS Maintenance Choice program

After you satisfy the deductible, there is a cap per prescription for covered drugs to limit your financial exposure for high-cost prescription drugs. The cap is \$200 for retail prescription drugs and \$400 for a 90-day supply through the mail or a CVS Pharmacy.

QUALITY CANCER CARE PROGRAM

When facing a cancer diagnosis, quality care is crucial.

As a Honeywell employee, if you or a household member is newly diagnosed with cancer, call My Medical Ally for support. Participants who complete the program will receive a **\$500 Health Savings Account (HSA)** contribution.*

You will receive medical guidance from a leading oncologist and an experienced oncology nurse who will create a customized quality care plan. Call 1-888-361-3944 for support.

BEHAVIORAL HEALTH PROGRAM

If you or a family member are struggling with conditions like anxiety, depression, ADHD, autism, eating disorder, or addiction, My Medical Ally's team of compassionate behavioral health experts can assist with your mental health needs in a variety of ways. Call 1-888-361-3944 (Option #2) for support.

* Subject to eligibility for an HSA contribution (including enrollment in Honeywell's medical plan).

IMPORTANT:

Prescription drug charges will apply to the medical plan annual deductible and out-of-pocket maximum.





HEALTH SAVINGS ACCOUNT CONTRIBUTIONS

The IRS maximum allowable annual HSA contributions for 2025 are \$4,300 for single coverage and \$8,550 for family coverage. If you are age 55 or older by December 31, 2025, you can contribute an additional annual catch-up contribution of \$1,000.

HEALTH SAVINGS ACCOUNT

If you enroll in the Honeywell Medical Plan, you may choose to contribute to a Health Savings Account (HSA) with Bank of America. An HSA is an account established to pay for qualified medical expenses. When you enroll in an HSA, you determine how much you would like to contribute from your paycheck on a pre-tax basis, lowering your taxable income, while saving for current and future medical expenses.

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*.

All HSA contributions, whether made by you or by Honeywell, count toward the applicable IRS maximum. You may be subject to tax penalties or other adverse tax consequences if you exceed the IRS maximum, for any reason including:

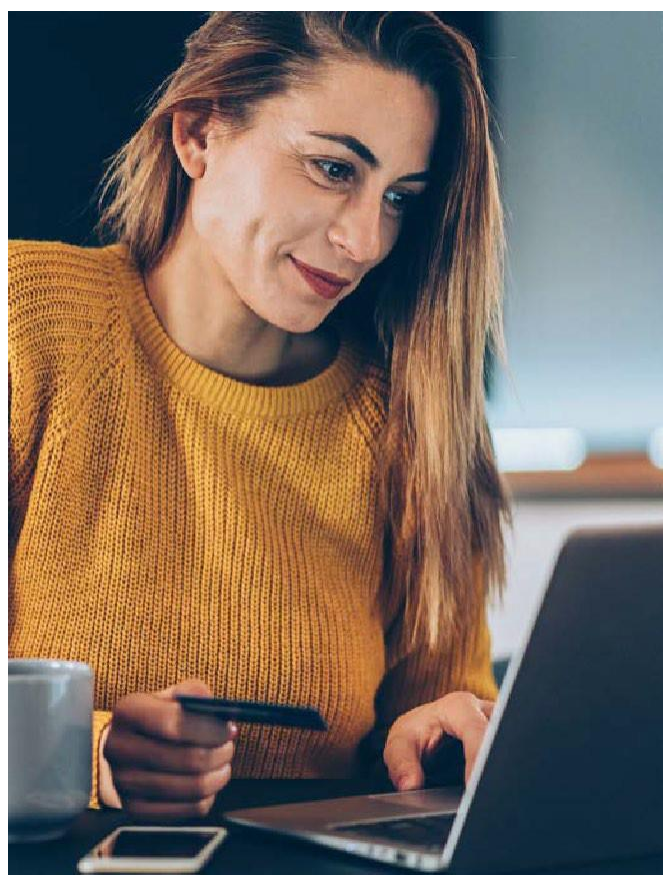
- you become HSA eligible or lose HSA eligibility mid-year (e.g., because you are no longer enrolled in an HDHP, or because you enroll in disqualifying coverage or become entitled to Medicare),
- you have a life event that affects your coverage level (e.g., change from family coverage to individual coverage due to divorce or death), or
- you make or receive a one-time lump sum HSA contribution (including any Honeywell contributions you might be eligible for as a result of certain programs, including a Wellness Program).

It is your responsibility to manage your HSA and to ensure that you do not exceed the IRS maximum. You should monitor, and if needed, make appropriate changes to your annual pledge. HSA contribution election changes may be made once every 30 days.

More information about HSAs is available from IRS Publication 969. Consult a personal tax professional for further information on HSAs and associated tax treatment.

The information in this communication is not intended as tax advice and should not be relied upon as such. Please consult a tax professional for specific information on your individual situation and tax obligations. Federal and state laws and regulations are subject to change.

*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.





OVERVIEW OF THE HEALTH SAVINGS ACCOUNT

<p>Contributing to the HSA</p>	<p>You may fund your HSA through automatic payroll deductions on a pre-tax basis. According to federal guidelines, the maximum allowable annual HSA contributions for 2025 will be:</p> <ul style="list-style-type: none"> • \$4,300 for single coverage • \$8,550 for family* coverage • If you will be age 55 or older by December 31, 2025, you can contribute an additional maximum annual catch-up contribution of \$1,000 <p>The IRS maximum annual contribution limit includes all the contributions to your HSA, including contributions from your pay and from Honeywell.</p>
<p>When to Use Your HSA</p>	<ul style="list-style-type: none"> • You may use the HSA to pay for eligible out-of-pocket medical costs, applying to your deductible and coinsurance (including prescription drugs) • You may also use the HSA to pay for certain over-the-counter medications if you have a prescription from your doctor • Please visit www.irs.gov for details on qualified expenses under the HSA • Any HSA funds used for purposes other than qualified medical expenses will be fully taxable and may be subject to a 20% penalty
<p>How to Use Your HSA</p>	<ul style="list-style-type: none"> • You will receive instructions about how to access and manage your account from Bank of America • You will also receive an HSA debit card and online access to pay providers directly or reimburse yourself for eligible health care expenses
<p>How Your HSA Grows and More</p>	<ul style="list-style-type: none"> • Once your HSA balance reaches \$500, you may invest any portion of your HSA balance over this level in select mutual funds <ul style="list-style-type: none"> – Interest credited at the end of each month • The money in your HSA rolls over from year to year and the balance – along with any investment income you earn – is yours to keep, even if you stop making contributions • HSAs are portable, meaning even if your employment with Honeywell ends, you always have 100% ownership and rights to your HSA balance • If you already have an HSA, such as from another employer, you can roll over the balance into your Bank of America account

*Applies if you are covering one or more dependents under the Honeywell Medical Plan.



KEY DIFFERENCES: HSA VS. LPFSA

If you are considering contributing, it's important to understand the special tax rules that apply and to make your enrollment decisions based on the HSA eligibility provisions, as well as the provisions applicable to the Limited Purpose Health Care FSA (LPFSA).

If you are eligible for the Honeywell Medical Plan and decide to waive coverage, you are not eligible to make contributions to an HSA through Honeywell payroll deductions, but you can contribute through Honeywell payroll deductions to the Limited Purpose Health Care FSA. **Keep in mind that the Limited Purpose Health Care FSA is only for dental and vision expenses.**

IMPORTANT NOTE ABOUT HSA ELIGIBILITY

When you enroll in the Honeywell Medical Plan, you are eligible to elect to contribute to an HSA through Honeywell payroll deductions. 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).

LIMITED PURPOSE HEALTH CARE FSA

Employees who are offered the Honeywell Medical Plan may enroll in a Limited Purpose Health Care FSA with Bank of America for eligible dental and vision expenses. While dental and vision expenses could be paid from your HSA, contributing to a Limited Purpose FSA preserves your HSA balance for other health care expenses and allows it to grow for future use.

The Limited Purpose FSA generally works the same way as a standard Health Care FSA. You contribute pre-tax dollars to the account through payroll contributions. **You must "use it or lose it" during the year — meaning you must use all the funds in the account by December 31 or they will be forfeited at year-end.** (Keep in mind cosmetic procedures such as teeth bleaching are not eligible under any FSA.)

The Limited Purpose FSA can only be used for eligible dental and vision expenses. Annual maximum contribution rates apply.





KEY DIFFERENCES BETWEEN THE HSA AND LIMITED PURPOSE FSA

Feature	Health Savings Account (HSA)	Limited Purpose FSA
Contributions are made on a pre-tax basis	Yes	Yes
Investment income is tax-exempt	Yes	N/A
Unused balance is forfeited at year-end (“use it or lose it”)	No	Yes
Account is portable (if your employment ends, you have 100% ownership of and rights to account)	Yes	No
Can be used to pay for out-of-pocket expenses (e.g., deductibles, coinsurance, prescription drugs, and eligible health care costs)	For medical, dental, and vision expenses	Only for dental and vision expenses
Must be accompanied by a high deductible health plan	Yes	No
Includes a contribution maximum	Yes	Yes
Maximum contributions	Single: Up to \$4,300 Family: Up to \$8,550 Catch-up contributions*: Up to \$1,000	\$3,300
Can be used to pay for medical expenses after retirement	Yes	No
Who is eligible to enroll	Only participants of the Honeywell Medical Plan	Employees offered the Honeywell Medical Plan

* Only available if age 55 or older as of December 31, 2025

DEPENDENT CARE FSA

You will have the option to enroll in a Dependent Care FSA, which you can use to help pay for eligible dependent care expenses. You can contribute up to \$5,000 (up to \$2,500 if you are married and file taxes separately) to the Dependent Care FSA each year. For highly compensated employees (for income greater than \$155,000), you can contribute up to \$3,200 in 2025.



RESOURCES TO HELP YOU BE HEALTHY. LIVE WELL.



CASTLIGHT AND TELADOC

Honeywell provides resources to help you improve your physical and mental wellbeing.

- Register with Castlight to stay connected to your health and wellbeing benefits. See what your health plan covers, price services before you get care, access a digital insurance card, your biometric screening results and earn incentives while you learn more about the benefits Honeywell has to offer.
- Register with Teladoc if you are enrolled with Cigna or Horizon to deliver you and your family 24/7/365 access to board-certified doctors by secure online video or phone. There is no cost to you for general medical or behavioral health services effective 1/1/2025..

HEALTHRESOURCE

Honeywell's HealthResource program can help with health coaching, to address various health needs, including lifestyle risks and chronic conditions.

Employee Assistance Program (EAP) services are also available through HealthResource. Take advantage of a wide range of services including up to 8 face-to-face counseling sessions, parenting/eldercare resources, financial assistance and much more.

Call a Health Advocate at 1-800-944-4887 for more information or visit healthresourceprogram.com.

MY MEDICAL ALLY

My Medical Ally provides decision support for medical concerns, including cancer, surgery, behavioral health and more. A My Medical Ally representative will work closely with you to discuss your diagnosis and provide you with physician-reviewed resources, including treatment options, questions to ask your doctor, second opinions, and recommendations for quality specialists and hospitals.

Call My Medical Ally at 1-888-361-3944 for information on any health issue or visit mymedicalally.alight.com (Register Now with company code: Honeywell).

BIOMETRIC SCREENING

A key step to good health is knowing and understanding your risks. An annual biometric screening helps you identify any areas of concern and address them early.

Honeywell works with Quest Diagnostics to make biometric screening available to all our employees and covered spouses/ domestic partners each year.

Additional information will be provided in the Spring regarding 2025's biometric screening requirement.

Surcharges will be applied for employees and spouses/ domestic partners enrolled in the Honeywell medical plan that do not complete the biometric screening requirement, or test positive for nicotine on their biometric screening results.

When you're ready to stop using nicotine (includes cigarettes, chewing tobacco and vaping), HealthResource can help. Tobacco cessation support is offered at no cost to employees and their family members. Call 800-944-4887, and schedule a coaching call to get started today.



DENTAL AND VISION BENEFITS

DENTAL COVERAGE

At Honeywell, you are offered three dental options to choose from – the Cigna Dental HMO (DHMO) (where available), the MetLife PDP Plus, or the MetLife PDP Plus Premier. Regardless of the plan you choose, you pay the full cost of coverage without a company contribution.

All dental plan options provide coverage for diagnostic and preventive care, restorative services, and orthodontia. However, the options differ in their cost and level of coverage provided.

If you enroll in the Cigna DHMO, you must visit Cigna DHMO participating providers to be covered.

If you enroll in a MetLife plan, you may visit any dentist, but will usually save money when you visit a participating dentist who has agreed to accept negotiated fees for Covered Services.



	Cigna DHMO	MetLife PDP Plus	MetLife PDP Plus Premier
Annual Deductible	None	<ul style="list-style-type: none"> • \$100 for single coverage • \$250 for family coverage 	<ul style="list-style-type: none"> • \$100 for single coverage • \$250 for family coverage
Maximum Benefit in One Calendar Year	None	<ul style="list-style-type: none"> • \$1,000 per person 	<ul style="list-style-type: none"> • \$1,500 per person
Dependent Coverage		Up to age 26	
Basic Services			
Diagnostic & Preventive Care*	Covered at 100%		
Basic Restoration	Covered at 100%	Covered at 60%	Covered at 70%
Endodontics Surgery	Covered at 70%	Covered at 60%	Covered at 70%
Periodontics	Covered at 100%	Covered at 60%	Covered at 70%
Major Services			
Dentures and Bridgework	Covered at 70%	Covered at 30%	Covered at 50%
Orthodontia			
Adult (age 26 and over)	Covered at 60%	Not Covered	Covered at 50%
Child (up to age 26)	Covered at 60%	Covered at 50%	Covered at 50%
Orthodontia Maximum (Lifetime)	Maximum benefit is 24 months including interceptive and/or comprehensive treatment	\$1,000 per person (in addition to max benefit per calendar year)	\$1,500 per person (in addition to max benefit per calendar year)

* Two exams and cleanings per calendar year.



VISION COVERAGE

Honeywell offers vision coverage through Vision Service Plan (VSP). You can choose from different options based on cost and the type of coverage you need. Regardless of the plan you choose, you pay the full cost of coverage without a company contribution.

All vision plan options provide coverage for a WellVision exam and allowances for eyeglasses and contact lenses.

You may visit any eye care professional when enrolled in any of the plans but will usually save money when you visit a participating provider who has agreed to accept negotiated fees for Covered Services.

	Premier Plus Plan	Premier Plan	Base Plan
WellVision Exam Copays	\$10 (one per calendar year)	\$10 (one per calendar year)	\$10 (one per calendar year)
Frames and Lenses	\$25 copay (one per calendar year) <ul style="list-style-type: none"> • \$200 allowance for a wide selection of frames including non-prescription sunglasses or non-prescription blue light filtering glasses instead of prescription glasses or contacts • 20% savings on the amount over your allowance • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	\$25 copay (every two calendar years for frame, every year for lenses) <ul style="list-style-type: none"> • \$150 allowance for a wide selection of frames including non-prescription sunglasses or non-prescription blue light filtering glasses instead of prescription glasses or contacts • 20% savings on the amount over your allowance • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	\$40 copay (every two calendar years) <ul style="list-style-type: none"> • \$95 allowance for a wide selection of frames • 20% savings on the amount over your allowance • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children
Contacts	Every calendar year <ul style="list-style-type: none"> • Instead of glasses • \$200 allowance for contacts; copay does not apply • Contact lens exam (fitting contacts and evaluation) 	Every calendar year <ul style="list-style-type: none"> • Instead of glasses • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting contacts and evaluation) 	Every two calendar years <ul style="list-style-type: none"> • Instead of glasses • \$100 allowance for contacts and exam (fitting contacts and evaluation) • Copay does not apply
VSP Pediatric Elements Coverage	N/A	N/A	\$0 (one per calendar year) Your child is fully covered. Choose a frame from our exclusive Otis & Piper Eyewear™ Collection, or select a fully covered contact lens exam and a minimum three-month supply of contact lenses.



LIFE INSURANCE

BASIC LIFE INSURANCE

Life insurance is designed to provide you and your family with financial protection. Honeywell automatically provides basic life insurance coverage to all employees equal to 1 times your annual base pay.

GROUP UNIVERSAL LIFE INSURANCE

In addition to basic life insurance coverage, you also have the option to purchase additional Group Universal Life (GUL) Insurance through Securian Financial. GUL is supplemental life insurance provided at group rates. You pay the full cost of coverage, which varies based on age, coverage level, and tobacco status.

You may purchase coverage for:

- **You:** Up to eight times your annual base pay. Note that certain amounts require Evidence of Insurability.
- **Your spouse:** Up to four times your annual base pay. Note that certain amounts require Evidence of Insurability.
- **Your dependent children:** You may purchase term insurance coverage of \$10,000 or \$20,000 for all your eligible children.

You also have the option to set aside additional money in GUL's cash value account and earn a fixed rate of interest, tax deferred. You may make withdrawals or loans from money accumulated in the cash value account.

If you do not enroll within 31 days of your start date, you may be required to provide medical Evidence of Insurability.





AD&D INSURANCE

ACCIDENTAL DEATH AND DISMEMBERMENT



BASIC AD&D

Honeywell offers Accidental Death and Dismemberment insurance to provide you and your family with financial protection in the case of accidental injury or death. Coverage is equal to 1.5 times your annual base pay and is offered automatically at no cost to you.

SUPPLEMENTAL AD&D

You also have the option to purchase additional AD&D insurance for you and your family. You have two coverage options available:

Coverage for you	From one to eight times annual base pay
Coverage for you and your dependent(s)	<ul style="list-style-type: none"> • Spouse only: 60 percent of employee coverage • Child(ren) only: 20 percent of employee coverage for each eligible child • Spouse and Child(ren): 50 percent of employee coverage for spouse; 10 percent of employee coverage per eligible child

ELECTING YOUR BENEFICIARY

You must designate a beneficiary for certain benefits during your enrollment including: life insurance, AD&D insurance, 401(k) & HSA.

BUSINESS TRAVEL ACCIDENT INSURANCE

Honeywell provides Business Travel and Accident Insurance (BTA) Insurance if you die or are severely injured while traveling on company business. Coverage is provided automatically at no cost to you and is equal to five times the annual base pay.



DISABILITY BENEFITS

Honeywell provides Short-Term Disability (STD) and Long-Term Disability (LTD) benefits if you cannot work due to an approved non-work related illness or injury.

- **Short-Term Disability (STD):** STD provides you with income for up to 26 weeks if you are approved by the administrator and unable to work due to illness or an injury. STD is provided automatically at no cost to you.
- **Long-Term Disability (LTD):** If you cannot work due to an approved illness or injury for more than 26 weeks, you may be eligible for LTD benefits. Coverage is equal to 60 percent of your annual base pay (or optional annual base pay plus variable pay for incentive-eligible employees). Enrollment in LTD is voluntary, and you pay the full cost of coverage. **You must enroll within your first 90 days to receive coverage. Enrollment after 90 days will result in you having to provide Evidence of Insurability to the administrator for enrollment approval.**





401(K) PLAN

HONEYWELL 401(K) PLAN

As a Futureshaper, you have an opportunity to save for retirement through the Honeywell 401(k) Plan. Eligible employees may begin to participate in the plan as soon as administratively possible following hire date. You must make an active election to begin participation in the plan.

With the Honeywell 401(k) Plan, you may reduce or defer tax through pre-tax, after-tax or Roth contributions and may benefit from Honeywell matching contributions, with potential investment earnings compounded over time.

HOW THE PLAN WORKS

Employee Contributions	<ul style="list-style-type: none">• You may contribute up to 30% of your eligible pay in combinations of pre-tax, after-tax, and Roth 401(k) contributions, subject to IRS and plan limits (up to 8% or 15% for certain highly compensated employees).• The annual IRS contribution limit is \$23,500 in 2025 (combined pre-tax and Roth cannot exceed this limit).• If you are age 50 or older by the end of the year, you may be able to make additional pre-tax or Roth catch-up contributions (up to \$7,500 in 2025).
Company Matching Contributions	<ul style="list-style-type: none">• You must contribute to the Plan to be eligible for the company match.• 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.• Detailed information on your specific company-match information is available on the Contribution section of the 401(k) website via HR Direct.
Vesting	<ul style="list-style-type: none">• You are always 100% vested in your own contributions.• Matching contributions are fully vested after completing three years of service with Honeywell.
Investment Choices	<ul style="list-style-type: none">• The Plan offers several investment options:<ul style="list-style-type: none">– Target Date Funds: These funds have a diversified investment mix that becomes more conservative as you approach your target retirement date.– Core Funds: The plan offers 10 funds intended for participants who want to more actively manage their asset allocation.• Honeywell’s matching contributions are allocated to the Honeywell Common Stock Fund and are eligible for transfer once you are vested.

IMPORTANT NOTICE

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.

