

U.S. ANNUAL BENEFITS ENROLLMENT 2027 FREQUENTLY ASKED QUESTIONS

October 2026

This document refers to terms or features of certain employee benefit plans and programs maintained by Honeywell Aerospace Inc. and its affiliates ("plans") and may not apply to employees who are covered by a collective bargaining agreement. This communication is provided for informational purposes and does not represent a complete statement of the terms and conditions of any plan, nor does it convey or imply any rights or entitlements under any plan. If any conflict or inconsistency exists between (a) a formal plan document or written policy and (b) this communication or any oral or written statements made by a supervisor, human resources, or other representative, then the applicable plan document or written policy will govern. Honeywell Aerospace reserves the right to amend, modify or terminate its plans at any time and for any reason with respect to both current and former employees and their dependents.

When is Annual Benefits Enrollment for U.S. employees?

Annual Benefits Enrollment (AE) for the 2027 plan year begins on October 12, 2026 and ends on October 30, 2026. Eligible employees can enroll online from work or home by visiting the Benefits Center via HR Direct. Employees without access to HR Direct can call the Benefits Center at 1-844-531-2699 or access via the website: www.lifeatworkportal.com/honeywellaerospace to review plan changes and enroll. **Note:** If you're visiting the Benefits Center site for the first time since April 1, 2026, you'll need to register as a first-time user.

What is the best way to access Annual Enrollment information?

www.lifeatworkportal.com/honeywellaerospace is the best place to find information on Annual Enrollment and make changes for 2027. Click the AE banner on the homepage to learn more about 2027 Annual Enrollment.

Are there changes to the HONA Medical Plan in 2027?

Only minimal changes are scheduled for 2027 to meet IRS requirements. The HDHP in-network deductible will rise slightly from \$1,700/\$3,400 by \$50/\$100 respectively, since our plan is currently at the lowest allowable level.

Note: Due to HONA'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.

Will I be receiving a new medical insurance identification (ID) card for 2027?

Since we received new ID cards earlier this year because of the Aero spin, medical carriers will not be resending physical ID cards for 2027. Our medical carriers will make any updates, such as the new deductibles, to your digital ID cards as of 1/1/2027. Cigna and Horizon members can also access their digital ID on Castlight or the medical carrier's app. If you wish to request a new physical ID card from your medical carrier, please contact them directly.

Will I be receiving a new dental insurance identification (ID) card for 2027?

No. If you are enrolled in the MetLife or Cigna dental plan options, you will not be receiving a new dental insurance card.

Who is eligible for the \$200 Honeywell Aerospace HSA seed¹?

To be eligible for the Honeywell Aerospace \$200 HSA seed, you must be enrolled in the Honeywell Aerospace 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).

Are there changes to the dental plan for 2027?

No. Dental plan designs will remain the same for 2027. Note there will be a 5-6% increase in premiums for 2027. Please visit the Benefits Center to review your new premiums.

Are there changes to the vision plans for 2027?

No. Vision plan design and premium contributions will not change for 2027.

Will I see a Biometrics surcharge when reviewing my benefits costs for 2027?

If you completed your biometric screening by Oct 9, 2026 and did not test positive for nicotine, you should not see an additional surcharge when reviewing your 2027 benefits costs. If you did not complete the screening and/or tested positive for nicotine, you will see a surcharge in the Annual Enrollment module. For questions, please reach out to the Benefits Center at 1-844-531-2699.

What if I completed my biometrics screening after Oct 9, 2026 was granted an exception through HealthResource, or had a negative nicotine test result and still see a surcharge?

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.

Where do I go to confirm my biometric screening was completed?

You may access your biometric screening results on either the My.QuestforHealth.com website or on the Castlight website.

MEDICAL/Rx FAQs**Are there differences in coverage between Cigna, Horizon & Kaiser?**

The high-deductible health plan design is essentially the same for all three 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.

What is a deductible?

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.

What is an Out-of-Pocket Maximum (OOPM)?

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.

Do I pay copays for doctor's office, prescriptions, and/or emergency room visits?

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.

Are preventive services covered at 100%?

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.

How does my prescription drug coverage work?

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.

How can I obtain my 90-day maintenance medication that I take regularly for conditions such as high blood pressure or asthma?

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.

Are there delivery options for my medication available?

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 Account FAQs

What is the maximum annual amount I can contribute to a Health Savings Account (HSA)?

The maximum 2027 HSA contribution limits are:

Individual Coverage	Family Coverage
\$4,500	\$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.

Will I forfeit the money I contribute to my HSA if I don't use it during the year?

No. You won't lose it if you don't spend it by a certain date or if you change employers.

What is maximum annual amount I can contribute to a Limited Purpose Flexible Spending Account (FSA)?

The maximum employee contribution to the Limited Purpose FSA will be \$3,400. Only dental and vision expenses can be submitted for reimbursement from a Limited Purpose FSA.

What is the maximum annual amount I can contribute to a Dependent Care Spending Account (DC FSA) in 2027?

You can contribute up to \$7,500 (up to \$3,750 if you are married and file taxes separately) to the Dependent Care FSA each year. **Beginning in 2027, there will no longer be a cap for highly compensated employees contributing to the Dependent Care FSA. You will be able to contribute up to the full amount allowable by law.**

If I'm considered a highly compensated employee (HCE) by the IRS, will my DC FSA 2027 contributions be capped?

No. Recent legislative changes now permit HONA to no longer cap HCE's contributions to these accounts. You will now be able to contribute the full \$7,500 (up to \$3,750 if you are married and file taxes separately) to your DC FSA.

Can changes be made to my Limited Purpose Flexible Spending Account (FSA) and Dependent Care Flexible Spending Account throughout the year?

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 of time, to make an election change under the Plan.

Other FAQs

What are salary-based contributions?

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 that bumped you up to the next salary tier, your medical premium contributions for 2027 will increase.

How is salary defined? Does it include bonus or overtime?

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.

What happens if I do not take action to enroll?

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 Spending Account (DC FSA), **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.

Can I cover my domestic partner under the Honeywell Aerospace medical, dental and vision plans?

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.

How much will I have to pay for my domestic partner's coverage?

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 1-833-205-6020 if this applies to you.

Can I submit my domestic partner's claims for reimbursement under the LPFSA or health savings account?

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.

*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.

¹Excluding 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