

2027



## 2027 OPEN ENROLLMENT HIGHLIGHTS

U.S. Non-Union Employees

**ALLEGION™** 



# WHAT'S NEW IN 2027

Please note a few modifications to the Allegion benefits offerings:

## Paycheck Contribution Changes:

- **Medical/Prescription and Vision Plans:** The cost of providing high-quality healthcare continues to rise. As a result, the paycheck contributions for medical and vision coverage will be increasing for 2027.
- **Dental Plan:** There will be no changes to paycheck contributions for dental coverage.

## Plan Changes:

Beginning January 1, 2027:

- **HSP/HSP HPN Individual Deductible/Out-of-Pocket Maximum:** These will be increasing slightly due to IRS mandated increases for inflation indexing.
- **GLP-1 drugs** prescribed for weight loss only will change from Brand Preferred to Brand Non-Preferred with an associated cost change
- **Voluntary Child Life:** The \$5,000 election option will be replaced with the \$10,000 option with no cost change.

## Dependent Eligibility Verification

You must verify eligibility for any newly enrolled dependents to ensure their coverage remains active. You will receive a letter from Verifi1 with the steps you must complete to ensure your dependents are covered. If you don't provide the requested information, coverage for your dependent(s) will be dropped.

## HSA Contribution Amount

Contribution limits are increasing. If you enroll in the HSP medical plan for 2027, you and Allegion combined can contribute even more to your HSA.

You can save up to:

- \$4,500 for individual coverage (\$100 more than in 2026)
- \$9,000 for family coverage (\$250 more than in 2026)

Your current HSA contribution will continue if you take no action during enrollment. You can change your contribution amount anytime during the year.

## Review your personal information and beneficiaries

While enrolling, we encourage you to take a moment and ensure that your personal information is accurate and correct. Check your address, phone, email and update if necessary.

## MAKE YOUR ELECTIONS! October 26 – November 6

When you're ready to enroll, log on to Workday and choose your 2027 benefits.

If you don't enroll, your 2026 elections will carry over to 2027, except FSA contribution amounts, which must be elected each year.



# MEDICAL + PRESCRIPTION COVERAGE

Administered by Anthem BlueCross BlueShield; prescription drug coverage through Express Scripts.

## MEDICAL COVERAGE (THROUGH ANTHEM BLUECROSS BLUESHIELD)

| You Pay                                                          | HSP                                                 | HSP HPN         | PPO                             | PPO HPN         |
|------------------------------------------------------------------|-----------------------------------------------------|-----------------|---------------------------------|-----------------|
|                                                                  | In & out-of-network                                 | In-network only | In & out-of-network             | In-network only |
| <b>Deductible</b><br>Individual<br>Family                        | \$1,750<br>\$4,000 <sup>1</sup>                     |                 | \$1,000 <sup>2</sup><br>\$2,000 |                 |
| <b>Coinsurance</b>                                               | 20%                                                 |                 | 20%                             |                 |
| <b>Office Visits</b><br>Preventive<br>Primary Care<br>Specialist | \$0<br>20% after deductible<br>20% after deductible |                 | \$0<br>\$25<br>\$40             |                 |
| <b>Telemedicine</b>                                              | \$59 before deductible<br>20% after deductible      |                 | \$25 copay                      |                 |
| <b>Urgent Care</b>                                               | 20% after deductible                                |                 | \$50 copay                      |                 |
| <b>Emergency Room<sup>3</sup></b>                                | 20% after deductible                                |                 | \$200 copay                     |                 |
| <b>Hospital facility</b><br>(inpatient and outpatient)           | 20% after deductible                                |                 | 20% after deductible            |                 |
| <b>Annual Out-of-Pocket</b><br>Individual<br>Family              | \$3,500<br>\$7,350                                  |                 | \$3,500<br>\$7,000              |                 |

## PRESCRIPTION DRUG COVERAGE (THROUGH EXPRESS SCRIPTS)

| You Pay                                                                                                      | HSP                                                                                                                                | HSP HPN | PPO                                                                                                              | PPO HPN |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------|---------|
|                                                                                                              | In-network only                                                                                                                    |         | In-network only                                                                                                  |         |
| <b>Retail<sup>4</sup></b><br>Generic<br>Preferred Brand<br>Brand Non-Preferred<br>Specialty                  | 20% after deductible<br>35% after deductible<br>50% after deductible<br>Not available                                              |         | \$10 copay<br>35% (no deductible); \$50 max<br>50% (no deductible); \$100 max<br>Not available                   |         |
| <b>Mail Order<sup>4</sup></b><br>Generic<br>Brand Preferred<br>Brand Non-Preferred<br>Specialty <sup>5</sup> | \$30 max after deductible<br>30% after deductible; \$150 max<br>50% after deductible; \$300 max<br>30% after deductible; \$150 max |         | \$30 copay<br>30% (no deductible); \$150 max<br>50% (no deductible); \$300 max<br>30% (no deductible); \$150 max |         |

**Note:** Alliegon offers Smart90 through Express Scripts that allows you to get a 90-day supply of long-term maintenance medications through either mail or retail pharmacy. Visit [allegionbenefits.com](https://allegionbenefits.com) for more information.

<sup>1</sup> If you are enrolled in family coverage, there is no individual deductible. The family deductible can be met by one family member or a combination of family members.

<sup>2</sup> Each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

<sup>3</sup> If you receive non-emergent care from the emergency room, you will be assessed a \$75 penalty and care will not count toward your out-of-pocket maximum.

<sup>4</sup> If your doctor prescribes a generic drug and you choose to fill it with the brand-name equivalent that is classified as a higher tier of prescription coverage, you will pay the higher tier coinsurance, plus the difference in cost between the generic drug and the brand-name drug.

<sup>5</sup> Mail order specialty drugs are limited to a 31-day supply.



## DENTAL BENEFITS

Administered by Delta Dental of Indiana. You can find participating dentists at [deltadentalin.com](http://deltadentalin.com) in order to maximize savings. Dental coverage does not require medical coverage and can be elected separately. **Delta Dental IN does not issue ID cards; providers can verify coverage with your Social Security Number.**

### DENTAL PLAN DESIGNS

| Benefit                                                                       | DPPO Plan                                                             | DPPO Buy-Up Plan                                                  |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------|
| Calendar year plan max                                                        | \$1,750 per individual<br>(Basic + Major)                             | \$2,000 per individual<br>(Basic + Major)                         |
| Deductible                                                                    | \$50 individual / \$150 family                                        | \$50 individual / \$150 family                                    |
| <b>Preventive care</b><br>Cleanings up to 4/year<br>X-rays 1/year             | \$0, covered at 100%                                                  | \$0, covered at 100%                                              |
| <b>Basic services</b><br>Fillings, extractions,<br>periodontics, oral surgery | 20% after deductible                                                  | 20% after deductible                                              |
| <b>Major services</b><br>Crowns, inlays, dentures                             | 50% after deductible                                                  | 50% after deductible                                              |
| Orthodontia                                                                   | 50%, no deductible<br>\$1,750 lifetime limit<br>Children up to age 19 | 50%, no deductible<br>\$2,000 lifetime limit<br>Adults & children |



## VISION BENEFITS

Administered by VSP. You can find participating dentists at [vsp.com](http://vsp.com) in order to maximize savings. Medical and dental coverage is not required to elect vision coverage. **VSP does not issue ID cards; providers can verify coverage with your Social Security Number.**

### VISION PLAN DESIGN

| Benefit        | In-Network You Pay                                                                                                                    | Frequency / Notes                                      |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Exam           | \$0                                                                                                                                   | Every 12 months                                        |
| Lenses         | \$20 copay                                                                                                                            | Single, bifocal, or trifocal every 12 months           |
| Frames         | Anything over \$150                                                                                                                   | Available every 24 months                              |
| Contact lenses | Medically necessary: \$0<br>Elective: \$20 for up to 6 boxes on covered selection list; anything over \$150 for non-covered selection | Available every 12 months in lieu of frames and lenses |



## ADDITIONAL BENEFITS + KEY CONTACTS

Use this page as a quick reference for benefits beyond medical, dental, and vision.

### SAVINGS ACCOUNTS + WELLBEING

**HSA: HSP only;** you contribute up to \$4,500 employee-only or \$9,000 family, plus \$1,000 catch-up age 55+.

**HRA: PPO only;** Allegion will contribute to your HRA once you complete designated wellness activities.

**Wellbeing rewards:** up to \$1,000 HSA or \$250 HRA employee-only; up to \$2,000 HSA or \$500 HRA with enrolled spouse.

**Health Care Flexible Spending Account (FSA):** If you participate in the PPO, you can contribute up to \$3,400.

### LIFE AND DISABILITY

**Basic Life and AD&D:** Allegion provides an employee Basic Life Insurance benefit of 1.5x HWBBP.

**Supplemental Life and AD&D Coverage:** You can elect up to \$2,000,000 in coverage for yourself; any amount over \$250,000 will require EOI. Spouse and Child coverage is also available.

**Short-Term & Long-Term Disability:** Allegion offers you insurance through AFLAC that provides support if you are out of work due to a non-work-related illness or injury. You can choose to purchase additional LTD coverage.

### MENTAL HEALTH

**Employee Assistance Program (EAP):** five free, confidential behavioral counseling sessions per issue each year.

**Talkspace online therapy** is available through Anthem.

**LiveHealth Online** offers virtual care and mental health care, including Spanish-speaking physicians.

### 401(K) + VOLUNTARY BENEFITS

**401(k):** Allegion matches 100% of contributions up to the first 6% of eligible pay.

**Legal insurance through ARAG:** Provides quick access to attorneys without paying attorney fees.

**Identity theft protection through Norton LifeLock:** Essential and Premier options available.

## IMPORTANT CONTACTS

| Benefit                   | Provider        | Phone        | Website / Email                                                                                                                                          |
|---------------------------|-----------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Allegion Benefits         | Allegion        | 844.623.9008 | <a href="mailto:Allegion.USBenefits@Allegion.com">Allegion.USBenefits@Allegion.com</a><br><a href="http://AllegionBenefits.com">AllegionBenefits.com</a> |
| Medical / Sydney Health   | Anthem          | 844.963.0445 | <a href="http://anthem.com">anthem.com</a>                                                                                                               |
| Prescription Drug         | Express Scripts | 800.818.6743 | <a href="http://express-scripts.com">express-scripts.com</a>                                                                                             |
| Dental                    | Delta Dental    | 800.524.0149 | <a href="http://DeltaDentalIN.com">DeltaDentalIN.com</a>                                                                                                 |
| Vision                    | VSP             | 800.877.7195 | <a href="http://VSP.com">VSP.com</a>                                                                                                                     |
| EAP                       | Anthem          | 855.873.4932 | <a href="http://AnthemEAP.com">AnthemEAP.com</a>                                                                                                         |
| HSA / FSA / HRA           | WEX             | 866.451.3399 | <a href="http://benefitslogin.wexhealth.com">benefitslogin.wexhealth.com</a>                                                                             |
| Life / Disability         | AFLAC           | 844.426.1325 | <a href="http://Mygrouplifedisability.Aflac.com/personal">Mygrouplifedisability.Aflac.com/personal</a>                                                   |
| 401(k)                    | Fidelity        | 800.835.5095 | <a href="http://401k.com">401k.com</a>                                                                                                                   |
| Legal Insurance           | ARAG            | 800.247.4184 | <a href="http://araglegal.com">araglegal.com</a>                                                                                                         |
| Identity Theft Protection | Norton LifeLock | 800.607.9174 | <a href="http://my.norton.com">my.norton.com</a>                                                                                                         |

Benefit details are governed by official plan documents. Visit [AllegionBenefits.com](http://AllegionBenefits.com) for full details and Summary Plan Descriptions.