YOUR POST-65 RETIREE HEALTH CARE BENEFITS BOOK

This U.S. Benefits Book describes health care and other benefits effective Jan. 1, 2013 for retirees and their dependents who are age 65 or over.
ABOUT THIS DOCUMENT

This Summary Plan Description (SPD) provides general information regarding the Health Reimbursement Arrangement (hereinafter referred to as the “Health Reimbursement Account” or “HRA”), available to post-65 retirees and their post-65 spouses/domestic partners under the Motorola Solutions Post-Employment Health Benefits Plan (the “Plan”), and other benefit programs.

You shouldn’t rely on this information other than as a general summary of the Plan and other program features. This SPD describes the Plan benefits in effect as of Jan. 1, 2013. Please see the prior SPDs and Summaries of Material Modifications (SMMs) for information concerning the applicable Plan provisions prior to that date. Subsequent SPDs or SMMs will be provided to advise you of changes in the Plan as required by the Employee Retirement Income Security Act (ERISA), as amended.

Additionally, this SPD does not discuss the Plan benefits for pre-65 retirees and their dependents who have not attained age 65. The pre-65 benefits are described in a separate SPD.*

Your rights are governed by the terms of the applicable Plan documents. You should refer to the Plan documents for complete information on your rights and obligations under the Plan. If you have any questions concerning the Plan, these will be determined in accordance with the terms of the Plan documents — not this SPD. You may obtain a copy of the Plan documents upon written request to the Motorola Solutions Employee Service Center. There may be a reasonable charge for such copies.

In the event of any difference between the terms of this SPD and the Plan documents, the terms of the Plan documents will control.

No person has the authority to make any verbal or written statement or representation of any kind that is legally binding upon Motorola Solutions or the Plan or that alters the Plan documents or any contracts or other documents maintained in conjunction with the Plan.

Motorola Solutions, Inc. reserves the sole right, at any time, to amend, modify, or terminate the benefit programs offered through the Plan, including those benefit programs described in this Benefits Book.

*Note, however, that certain expenses incurred by pre-65 dependents can be reimbursed through the HRA described in this Benefits Book.
INTRODUCTION

Once you or your eligible dependent reaches age 65 and becomes Medicare-eligible, your or your dependent’s coverage will no longer be provided directly through Motorola Solutions’ group health plan. Instead, you or your eligible dependent will have the opportunity to purchase an individual Medicare supplement plan(s) through Extend Health, Inc. This approach offers you the opportunity to choose the coverage that best meets your needs from a variety of individual Medicare supplement plans offered through insurance carriers in your state’s health care insurance market.

Beginning Jan. 1, 2013, Motorola Solutions, Inc. will contribute toward your retiree health care benefits through a Health Reimbursement Account (HRA) set up in your name — as long as you or your eligible spouse/domestic partner is enrolled in an individual medical Medicare supplement plan through Extend Health. You can apply your HRA towards the cost for coverage you or your spouse/domestic partner elects through Extend Health.

This Benefits Book describes the benefits available to you as a post-65 retiree or as a retiree whose spouse/domestic partner has attained age 65. While it also includes a brief description of the services available through Extend Health, Extend Health will provide you with more extensive information about their services and coverage under the individual health care insurance plans available to you through Medicare.

This Benefits Book acts as the official Summary Plan Description (SPD) for the portion of our Plan and programs that require an SPD under the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

THE MAIN SECTIONS

This material is divided into the following main sections.

ELIGIBILITY AND COVERAGE

This section defines the requirements and details regarding eligibility and enrollment requirements as a post-65 retiree, as well as the requirements that apply to your eligible pre- and post-65 dependents and survivors.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

This section includes details about the Health Reimbursement Account ("HRA"). The HRA is a Motorola Solutions-funded account that you and your dependents can use for reimbursement of medical, prescription drug, dental, and/or vision plan premiums and other eligible health care expenses on a tax-free basis in most cases. This section also includes claims and appeals information.

OTHER BENEFIT PROGRAMS FOR RETIREES

This section provides information about Wellness Programs for retirees, CNA Long-Term Care Insurance, and disabled retiree benefits (including Long-Term Disability coverage and life insurance benefits).

GENERAL ADMINISTRATION

This section provides information to help you take advantage of your benefits as your situation changes, including important Plan information, your ERISA Rights, a Glossary of important terms used in this Benefits Book, and Contact Information.
ELIGIBILITY AND COVERAGE

Table of contents

Overview ............................................................................................................................................... 1:2

Introduction ......................................................................................................................................... 1:2

Who's eligible ...................................................................................................................................... 1:2
  General retiree coverage rules ........................................................................................................... 1:2
  Dependent eligibility requirements ................................................................................................. 1:3
  Eligibility for HRA participation ...................................................................................................... 1:4

Who's not eligible ................................................................................................................................. 1:4

Enrolling in coverage ............................................................................................................................ 1:4
  Split families ......................................................................................................................................... 1:5
  Post-65 retiree coverage outside the U.S. ........................................................................................... 1:5

When participation begins ..................................................................................................................... 1:5
  Retiree ................................................................................................................................................. 1:5
  Spouse/domestic partner .................................................................................................................... 1:6

When participation ends ......................................................................................................................... 1:6
  Retiree ................................................................................................................................................. 1:6
  Spouse/domestic partner .................................................................................................................... 1:7
  Continuing HRA participation under COBRA ................................................................................. 1:7

SOME GENERAL TIPS ON USING YOUR RETIREE HEALTH AND WELFARE BENEFITS BOOK

If you’re reviewing your book online:
  - Selecting a web address will quickly redirect you to that website.
  - Selecting the Contact reference will redirect you to the Contact information subsection of the General Administration section, where you can find more details.
  - Selecting a linked subsection will redirect you to that subsection within the book for more information.
  - Selecting the navigation at the top will take you to either the previous page, next page, or the last page you were on; or go back to the table of contents for the section you are in.

Be sure to read the content in the margin callouts for important details.
ELIGIBILITY AND COVERAGE

OVERVIEW

This section summarizes eligibility and participation requirements for the post-65 Health Reimbursement Account (HRA).

Keep this in a convenient place, and refer to it regularly as a source of information for your benefits. You may also access this information at the Extend Health or U.S. Retiree website.

You must meet certain eligibility requirements before you are eligible to participate in the HRA. Your spouse/domestic partner may also be eligible to participate in the HRA. This section includes important eligibility and participation information.

INTRODUCTION

Once you become Medicare-eligible due to reaching age 65, you are no longer eligible for the Motorola Solutions Retiree Health Advantage Plan or Retiree Dental Plan. (These pre-65 coverage options are described in the Pre-65 Retiree Health and Welfare Benefits Book.) If, after attaining age 65, you want medical coverage, you may purchase an individual Medicare plan through Extend Health, a third-party vendor with whom Motorola Solutions has contracted to provide access to various Medicare supplement coverage options. If you enroll in medical coverage through Extend Health, you may be eligible to participate in the HRA. You may also purchase individual prescription drug, dental, and/or vision coverage. You can use your HRA to pay for your individual health care coverage and/or reimburse yourself for certain eligible health care expenses.

WHO’S ELIGIBLE

While this Benefits Book focuses on the post-65 HRA, if you purchase medical coverage through Extend Health, it’s important to be aware of general retiree coverage eligibility rules whether you are a pre-65 or post-65 retiree. These general rules are provided below, followed by specific rules regarding post-65 HRA participation under Eligibility for the HRA.

GENERAL RETIREE COVERAGE RULES

To be considered an eligible “retiree” for pre-65 or post-65 retiree coverage, you and your dependents must meet certain eligibility requirements, which are described below.

Your eligibility requirements

As a former employee, you may be eligible for retiree coverage if you began employment before Jan. 1, 2005 and:

- You’re a current retiree (or spouse/domestic partner of a retiree) eligible for and receiving retiree coverage through the Plan; or
- When your employment ends, your combined age and service equals at least 75 (e.g., you’re age 65 with 10 years of service); or
- When your employment ends, you’re:
  - Age 55 with 20 or more years of service
  - Age 56 with 18 or more years of service
  - Age 57 with 16 or more years of service
  - Age 58 with 14 or more years of service
  - Age 59 with 12 or more years of service
  - Age 60 or over with 10 or more years of service; or
- You were an employee age 55 or over on Mar. 31, 1989, and you retire at age 65 or over.

Only full and complete years of service (no partial years) are considered in determining eligibility for retiree coverage.
If you joined Motorola Solutions or one of its participating subsidiaries as a result of a merger, an acquisition, or the ending of a joint venture in which the company or its subsidiary took part on or after Jan. 1, 2000, you’ll be eligible only if, and to the extent that, Motorola Solutions expressly extends retiree coverage to your group.

You’re not eligible for retiree coverage through the Plan if you began employment with Motorola, Inc. (or Motorola Solutions, Inc.) on or after Jan. 1, 2005, or you don’t meet the necessary age and service requirements for retirees when your employment terminates. Contact the Motorola Solutions Employee Service Center at (800) 585-5100 if you have questions about your eligibility for coverage.

DEPENDENT ELIGIBILITY REQUIREMENTS

**Dependent children**

Your dependent children may be eligible for coverage under the pre-65 coverage options under the Plan. However, dependent children are not eligible to participate in their own Health Reimbursement Account (HRA). (If you or your eligible spouse/domestic partner is a participant in the HRA, dependent children’s eligible health care expenses may be reimbursed from the HRA.) Refer to the Pre-65 Retiree Health and Welfare Benefits Book for information about dependent child coverage.

When you or your spouse/domestic partner reaches age 65, your eligible dependent children may continue coverage available to pre-65 individuals — so long as they meet the eligibility requirements and the required contributions for their coverage are paid.

**Spouse/domestic partner**

If you’re married or in an eligible domestic partnership at the time of your retirement, your spouse/domestic partner is eligible for retiree coverage. If he or she is under age 65, he or she may participate in pre-65 coverage options offered through the Plan. Refer to the Pre-65 Retiree Health and Welfare Benefits Book for information about retiree coverage for retirees and eligible spouses/domestic partners who are under age 65.

If your eligible spouse/domestic partner is age 65 or over, he or she can purchase medical coverage through Extend Health. If you get married or establish a domestic partnership after retirement, your spouse/domestic partner isn’t eligible for retiree coverage.

If your eligible spouse/domestic partner reaches age 65 before you, you will become a participant in the HRA if he or she elects to purchase an individual medical Medicare Supplement Plan or Medicare Advantage Plan through Extend Health. This means that an HRA will be established in your name. You will continue to receive pre-65 health care coverage, but will also have access to the HRA to pay for your spouse’s/domestic partner’s health care coverage premiums and eligible health care expenses.

**Domestic partner**

Your domestic partner is considered eligible for coverage as long as he or she meets the domestic partner eligibility requirements and the HRA Eligibility Requirements. Your domestic partner must be an adult who is the same or opposite sex as you, and:

- You and your partner have legally married or registered your domestic partnership in accordance with the applicable city, county, or state laws; or
- In the absence of domestic partner registration, you and your partner meet all of the following requirements:
  - Are at least 18 years of age;
  - Aren’t related to one another to a degree that would prevent marriage under the law of the state where you reside;
  - Aren’t married to another person under statutory or common law, and neither of you is in another domestic partnership;
  - Are in a single, dedicated relationship with each other, and have been in such relationship for a minimum of six consecutive months, and intend to remain in the relationship indefinitely; and
  - Share the same residence and have shared the same residence for a minimum of six consecutive months.
Proof of spouse/domestic partner eligibility
The Motorola Solutions Employee Service Center may require verification of your spouse’s/domestic partner’s eligibility status at any time, including a valid Social Security number. If you don’t provide the necessary verification on a timely basis as requested, coverage for your spouse/domestic partner may be terminated.

ELIGIBILITY FOR HRA PARTICIPATION
Besides meeting the applicable eligibility requirements described above, to be eligible to participate in the Health Reimbursement Account (HRA), you (or your spouse/domestic partner) must be Medicare-eligible due to reaching age 65. And, you (or your post-65 spouse/domestic partner, if you have not reached age 65) must purchase an individual medical Medicare Supplement Plan or Medicare Advantage Plan through Extend Health to become a participant in the HRA.

For HRA participation and health care coverage purchased through Extend Health, you (or your spouse/domestic partner) are eligible as of the first day of the month of your 65th birthday. If your 65th birthday is on the first day of the month, you are eligible as of the first day of the month before the month of your 65th birthday. For example, if your birthday is on June 1, you’re eligible for the HRA and an individual medical Medicare plan as of May 1.

After you and/or your eligible spouse/domestic partner enrolls through Extend Health, Extend Health will send you an HRA Welcome Kit. The kit will include information on how to access and manage your HRA, claims and processing information, and details to set up Direct Deposit.

WHO’S NOT ELIGIBLE
The following are not eligible to participate in the HRA:

- You, if you do not meet the Plan’s eligibility requirements or you are not eligible for the company’s subsidy (i.e., your employment began between Jan. 1, 2002 and Dec. 31, 2004 and you pay the full cost of Plan coverage);
- A retiree who is under age 65 and whose spouse/domestic partner is also under age 65;
- A post-65 retiree who has not purchased medical coverage through Extend Health;
- A pre-65 retiree whose post-65 spouse/domestic partner has not purchased medical coverage through Extend Health;
- A retiree or spouse/domestic partner who is not eligible for retiree coverage;
- A dependent child*; and/or
- You, if you move outside of the U.S. and do not maintain a U.S. address, your enrollment in Medicare Parts A and B, and your Extend Health coverage.

ENROLLING IN COVERAGE
Extend Health will contact you about the enrollment process approximately three months before you turn age 65. Licensed Extend Health benefit advisors will provide you with information about the coverage options available to you and help you select and enroll in a plan that meets your needs. You can also enroll for dental and/or vision coverage. After you’ve enrolled, the Extend Health customer service team is available to answer your questions, provide claims support, and assist you with reimbursements from your HRA.

You have 60 days from the date you first become eligible for the HRA to enroll in an individual medical Medicare plan through Extend Health. Your surviving spouse who is age 65 or over and is eligible for the HRA has 30 days from the date of your death to enroll in an individual Medicare plan through Extend Health. If you do not enroll within the timeframe that applies to you, you are not eligible for the HRA.

If both you and your eligible spouse/domestic partner are age 65 or over, you may each enroll in separate plans. (Eligible dependent children may be enrolled for pre-65 coverage under the Plan. They are not eligible to enroll in health care coverage through Extend Health, and they are not entitled to participate in the HRA.)*

*You may, however, use your HRA for reimbursement of your dependent children’s eligible health care expenses.
After you and/or your spouse/domestic partner enroll through Extend Health, an HRA automatically will be set up in your name for reimbursement of health care premiums and other eligible health care expenses.

Each year, you’ll have an enrollment period when you can enroll in a different individual medical Medicare plan to begin as of the next Jan. 1. Medicare determines the annual enrollment period (generally from mid-October to early December) which Extend Health will communicate to you. However, if you’re thinking about changing plans, you may be subject to certain health-based restrictions which may increase your premiums for coverage.

**Deferring coverage**

When you retire from Motorola Solutions and you’re an eligible retiree, you may elect coverage through Extend Health at some point in the future if you’re age 65 or over but only if you haven’t elected pre-65 retiree coverage under the Plan. Once you elect coverage, you may not drop it and then re-enroll at a later date. So, if you don’t elect retiree coverage within 31 days of the day your employment ends, you may enroll within 31 days of the loss of other group health coverage. Refer to the *Pre-65 Retiree Health and Welfare Benefits Book* if you also want coverage for your pre-65 eligible dependents, because proof of creditable coverage is required for pre-65 coverage.

**SPLIT FAMILIES**

A “split family” situation is one in which one family member is Medicare-eligible due to reaching age 65 and the other is under age 65.

After you reach age 65, you may purchase medical coverage through Extend Health and help pay premiums and other eligible health care expenses with funds available to you through the Motorola Solutions-sponsored Health Reimbursement Account (HRA). Your pre-65 spouse/domestic partner and your eligible dependent children may be enrolled in pre-65 health coverage offered through the Plan — as long as you enroll in an Extend Health-sponsored medical coverage option.

If you are not age 65, but your spouse/domestic partner eligible for coverage is age 65 or over, he or she may purchase medical coverage through Extend Health — as long as you continue your pre-65 coverage under the Plan and you haven’t previously dropped your spouse/domestic partner from coverage before he or she turned age 65.

**POST-65 RETIREE COVERAGE OUTSIDE THE U.S.**

If you move outside the U.S., you will continue to be eligible for the HRA as long as you maintain a U.S. address, are eligible for and enrolled in Medicare Parts A and B, and purchase a medical Medicare Supplement Plan or Medicare Advantage Plan through Extend Health.

**WHEN PARTICIPATION BEGINS**

**RETIREE**

You become a participant in the HRA on the first day of the month you:

- Become eligible for Medicare because you have reached age 65*;
- Purchase medical coverage through Extend Health.

The HRA is set up in your name.

*On the first day of the month before the month in which you reach age 65, if your birthday is on the first of the month.
SPouse/Domestic Partner

Your eligible spouse/domestic partner is entitled to enroll in a medical Medicare coverage option after reaching age 65.* If he or she reaches age 65 before you, you’ll become a participant in the Health Reimbursement Account (HRA) on the first of the month that your spouse/domestic partner:

- Becomes eligible for Medicare because he or she has reached age 65*; and
- Purchases medical coverage through Extend Health.

The HRA is set up in your name.

WHen Participation Ends

Retiree

Your participation in the HRA ends on the earliest of the following dates:

- The date you are no longer enrolled in medical coverage through Extend Health, including death;
- The date you are rehired as an active employee of Motorola Solutions and drop your individual medical Medicare plan;
- The date you commit fraud or misrepresentation on the Plan;
- The date the HRA is amended, resulting in your ineligibility for HRA participation; or
- The date the HRA is terminated.

If a retiree dies before his or her spouse/domestic partner

If you die before your spouse/domestic partner, your HRA will change to your surviving spouse’s/domestic partner’s name, as long as he or she is age 65 or over and eligible for the HRA. In addition, your spouse/domestic partner will continue to receive benefit credits to the HRA, as long as he or she remains eligible for the HRA.

If your surviving spouse/domestic partner is under age 65, your HRA is forfeited at the time of your death. However, when your spouse/domestic partner turns age 65, he or she may become eligible for the HRA, as long as he or she maintains pre-65 medical coverage under the Plan and then enrolls for medical coverage through Extend Health within 31 days after he or she becomes eligible for Medicare.

If a retiree dies with no surviving spouse/domestic partner

If you are participating in the HRA upon your death and you don’t have a surviving spouse/domestic partner, your HRA is forfeited. However, your estate or representative may submit claims for reimbursement of eligible health care expenses incurred during your participation in the HRA.

If a retiree is rehired

If you are participating in the HRA, are rehired, and drop your individual medical Medicare plan through Extend Health, you may submit claims for up to six months after your HRA participation ends. In this case, no additional contributions will be made to your HRA until your subsequent retirement and participation in an individual medical Medicare plan through Extend Health ends. Contact Extend Health for information before you drop your medical coverage. If you wish, you can opt out of medical coverage for active employees and retain your individual Medicare supplement coverage.

*On the first day of the month before the month in which your spouse/domestic partner reaches age 65, if his or her birthday is on the first of the month.
ELIGIBILITY AND COVERAGE

SPOUSE/DOMESTIC PARTNER
A spouse/domestic partner’s Health Reimbursement Account (HRA) participation ends on the earliest of the following dates:

- The date he or she is no longer enrolled in medical coverage through Extend Health, including death;
- The date the former employee is no longer enrolled in medical coverage through Extend Health, except in the case of death;
- The date you divorce or end your domestic partnership;
- The date he or she commits fraud or misrepresentation on the Plan;
- The date a pre-65 retiree drops his or her Retiree Health Advantage Plan coverage;
- The date the HRA is amended, resulting in the surviving spouse’s/domestic partner’s ineligibility for HRA participation; or
- The date the HRA is terminated.

Death of a spouse/domestic partner
If you are under age 65 and your spouse/domestic partner who is over age 65 and participating in the HRA dies, the HRA is forfeited at the time of the spouse’s/domestic partner’s death. However, you or the surviving spouse’s/domestic partner’s estate or representative may submit claims for reimbursement of eligible health care expenses incurred during the spouse’s/domestic partner’s participation in the HRA.

Divorce/end of domestic partnership
Your ex-spouse/domestic partner isn’t eligible to continue retiree coverage through Motorola Solutions after your marriage or domestic partnership ends. You must notify the Motorola Solutions Employee Service Center within 31 days of the date of your divorce or the date your domestic partnership ends.

If you get divorced, your dependents’ eligibility for coverage can be affected. To inquire about your dependents’ continuing eligibility, contact the Motorola Solutions Employee Service Center prior to the date of your divorce.

When your ex-spouse/domestic partner and/or dependent loses coverage due to a COBRA qualifying event such as divorce, COBRA enrollment information will be mailed to his or her address on file. (See below for more information.)

CONTINUING HRA PARTICIPATION UNDER COBRA
The Consolidated Omnibus Budget Reconciliation Act of 1985 (“COBRA”) is a federal law that gives your spouse/domestic partner the right to temporary continuation of his or her HRA coverage. If your spouse/domestic partner incurs an event known as a “qualifying event” (defined below), and if you (or your surviving spouse/domestic partner) are a participant in the HRA when the qualifying event occurs, the individual incurring the qualifying event will be entitled under COBRA to elect to continue his or her coverage under the HRA. “Qualifying events” are certain types of events that would cause, except for the application of COBRA’s rules, an individual to lose his or her HRA coverage.

For purposes of the HRA, a qualifying event includes the following:

- A spouse’s divorce from a retiree who participates in the HRA; or
- Ceasing to be considered the domestic partner of a retiree who participates in the HRA.

To be eligible for continuing coverage, you must notify the Motorola Solutions Employee Service Center at (800) 585-5100 no later than 60 days from the date of the qualifying event.

You will receive notification of the amount of the contribution with your COBRA notice and election form within 14 days from notification of the qualifying event.
Under the law, the continuation coverage beneficiary has 60 days to elect continuation coverage from the later of the day:

- Coverage would otherwise end because of one of the qualifying events described here; or
- The notice of your continuation coverage beneficiary’s right to elect continuation coverage is sent to him or her.

Covered employees may elect COBRA on behalf of their spouse/domestic partner.

If neither you nor your continuation coverage beneficiary chooses continuation coverage within this 60-day period, your continuation coverage beneficiary’s coverage under the HRA will end.

COBRA continuation coverage may continue for a period of up to 36 months. To continue coverage, the applicable contribution and 2% administrative fee must be paid during the 36-month period of continuation coverage.

Your first payment (due within 45 days of your election) must include your COBRA contribution for the entire period from the date coverage ended through the month of the payment. Subsequent contributions are due on the first of the month, whether or not you receive a bill. If Extend Health doesn’t receive your monthly contribution within 30 days of the due date, continuation coverage is cancelled as of the last day of the month in which you paid a contribution.

If you don’t want to elect continuation coverage, contact Extend Health. Continuation coverage of a continuation coverage beneficiary continues until the earliest of the following:

- The end of the applicable 36-month continuation coverage period; or
- The day a continuation coverage beneficiary fails to pay the required monthly contribution within 30 days of its due date.
HEALTH REIMBURSEMENT ACCOUNT

Table of contents

Overview ................................................................................................................................. 2:2
Introduction ............................................................................................................................. 2:2
Participation in the HRA ........................................................................................................ 2:2
  Your account ....................................................................................................................... 2:2
  Reimbursements ................................................................................................................ 2:2
Contribution information ...................................................................................................... 2:2
  Coverage through Extend Health ........................................................................................ 2:2
  Health Reimbursement Account contributions .................................................................. 2:3
Account reminders ................................................................................................................ 2:4
Catastrophic HRA .................................................................................................................. 2:4
Tax information ..................................................................................................................... 2:5
Eligible health care expenses ............................................................................................... 2:5
Applying for benefits ............................................................................................................. 2:6
  Deadline for claims ............................................................................................................ 2:6
  How to get expenses reimbursed ....................................................................................... 2:6
  If a claim for benefits is denied .......................................................................................... 2:8

SOME GENERAL TIPS ON USING YOUR RETIREE HEALTH AND WELFARE BENEFITS BOOK

If you’re reviewing your book online:

• Selecting a web address will quickly redirect you to that website.
• Selecting the Contact reference will redirect you to the Contact information subsection of the General Administration section, where you can find more details.
• Selecting a linked subsection will redirect you to that subsection within the book for more information.
• Selecting the navigation at the top will take you to either the previous page, next page, or the last page you were on; or go back to the table of contents for the section you are in.

Be sure to read the content in the margin callouts for important details.
OVERVIEW

The section explains how the Health Reimbursement Account (HRA) works, what expenses are and aren’t eligible for reimbursement, and the reimbursement process.

Keep this in a convenient place, and refer to it regularly as a source of information for your benefits. You may also access this information on the Extend Health website at www.extendhealth.com/motorolasolutions.

INTRODUCTION

The HRA is a way for you to be reimbursed, on a tax-free basis, for health care premiums and other eligible health care expenses you pay out of your pocket. If you are eligible to participate in the HRA, Motorola Solutions will add an annual contribution (benefit credits) to the HRA in your name (or, if you die, in the name of your surviving spouse/domestic partner). The annual amount Motorola Solutions will credit to the HRA is explained below.

PARTICIPATION IN THE HRA

YOUR ACCOUNT

The HRA is different from the coverage you may have received through the Plan before reaching age 65. Participation in the HRA means that an HRA is set up in your name. As discussed earlier in this Benefits Book, participation is limited to:

- Retirees who meet the HRA eligibility rules; and
- The surviving spouse/domestic partner of a retiree, provided this survivor meets the HRA eligibility rules.

When you participate in the HRA, your account is eligible to receive benefit credit contributions from Motorola Solutions to help you pay for the individual medical Medicare coverage you select through Extend Health and other eligible health care expenses. (See “Contribution Information” below.)

Only one HRA will be established for you. If you are an eligible retiree and your spouse/domestic partner has also reached age 65, you will be considered the “owner” of the HRA. However, you will be eligible for a larger benefit credit amount because you and your spouse/domestic partner are both age 65 or over (see “Contribution Information” below).

REIMBURSEMENTS

You can use your HRA to reimburse certain eligible health care expenses that have been incurred by you, your spouse/domestic partner, and/or your eligible dependents. These reimbursements are generally tax-free, which means that you can receive reimbursement only for eligible health care expenses incurred by individuals who are your “dependents” under the Internal Revenue Code. Consult your tax advisor to determine whether an individual qualifies as your dependent for tax purposes.

CONTRIBUTION INFORMATION

COVERAGE THROUGH EXTEND HEALTH

You pay the full cost of coverage you purchase through Extend Health. You must elect individual medical coverage through Extend Health to be eligible to participate in the HRA.
HEALTH REIMBURSEMENT ACCOUNT CONTRIBUTIONS

If you meet the eligibility criteria and elect medical coverage through Extend Health, you are eligible to receive a tax-free Health Reimbursement Account (HRA) contribution from Motorola Solutions. The contributions are called “benefit credits.” The amount of benefit credits that Motorola Solutions contributes to your HRA is based on:

- When you met the Plan’s eligibility requirements as indicated under Your Eligibility Requirements;
- When you elect medical coverage through Extend Health; and
- Whether your spouse/domestic partner (if any) elects medical coverage through Extend Health.

The charts below explain the benefit credits available to you.

If you were eligible on or before Dec. 1, 1992

If you met the eligibility requirements under Your Eligibility Requirements on or before Dec. 1, 1992 and/or your eligible spouse/domestic partner becomes eligible for the HRA, Motorola Solutions will credit your HRA with an annual amount (benefit credits) as described in the following chart:

<table>
<thead>
<tr>
<th>Family eligibility</th>
<th>Motorola Solutions’ annual HRA contribution (benefit credits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are age 65 or over and don’t have a spouse/domestic partner</td>
<td>$1,665</td>
</tr>
<tr>
<td>Your eligible spouse/domestic partner is age 65 or over and you are under age 65</td>
<td>$1,665</td>
</tr>
<tr>
<td>Your eligible surviving spouse/domestic partner is age 65 or over</td>
<td>$1,665</td>
</tr>
<tr>
<td>You and your eligible spouse/domestic partner are age 65 or over</td>
<td>$3,330</td>
</tr>
</tbody>
</table>

If you were eligible after Dec. 1, 1992

If you met the eligibility requirement under Your Eligibility Requirements after Dec. 1, 1992 (and you were hired before Jan. 1, 2002) and/or your eligible spouse/domestic partner becomes eligible for the HRA, Motorola Solutions will credit your HRA with an annual amount as described in the following chart:

<table>
<thead>
<tr>
<th>Family eligibility</th>
<th>Motorola Solutions’ annual HRA contribution (benefit credits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are age 65 or over and don’t have a spouse/domestic partner</td>
<td>$560</td>
</tr>
<tr>
<td>Your eligible spouse/domestic partner is age 65 or over and you are under age 65</td>
<td>$560</td>
</tr>
<tr>
<td>Your eligible surviving spouse/domestic partner is age 65 or over</td>
<td>$560</td>
</tr>
<tr>
<td>You and your eligible spouse/domestic partner are age 65 or over</td>
<td>$1,120</td>
</tr>
</tbody>
</table>

If you become eligible for the HRA during the year

If you or your spouse/domestic partner becomes eligible for the HRA during the year, the annual benefit credit will be prorated according to the number of months remaining in the calendar year. Therefore, if you become eligible at any time during the year other than Jan. 1, the prorated amount will be based on the month in which you become eligible.
Changing benefit credits during the year
If a Health Reimbursement Account (HRA) has already been set up in your name because you or your spouse/domestic partner has met the eligibility requirements and then the other partner (you or your spouse/domestic partner) becomes eligible for the HRA during the year, benefit credits will be adjusted prospectively. This means that additional benefit credits will be added to your HRA.

The amount that will be added is the difference between the benefit credits available for one person versus couples divided by 12 months times the number of months remaining in the calendar year. For example, let’s say you are already a participant on Jan. 1 and $560 is credited to your HRA. Your spouse/domestic partner becomes eligible to participate in your HRA on Jun. 1. The amount of the additional benefit credits added to your HRA will be $326.67.

When benefit credits are added to your HRA
If you do not use all of the benefit credits in your HRA during the year, the remaining balance will be rolled over into your HRA for the next year — as long as you remain eligible for the HRA. Benefit credits are available as of Jan. 1 of each year of HRA eligibility. If participation begins during the year, the prorated amount of benefit credits is available on the first day of the month in which you and/or your spouse/domestic partner becomes a participant in the HRA.

ACCOUNT REMINDERS
Twice a year (generally in March and September), you will receive a Balance Reminder about your available HRA balance. The first reminder for 2013 will be sent in September. This reminder confirms the annual funding made to your account.

You can obtain your available balance and reimbursement history at any time on the Extend Health website at www.extendhealth.com/motorolasolutions. Or, you can call Extend Health at (855) 535-7155 (TTY: 711). Benefit advisors are available between 7 a.m. and 8 p.m. Central time, Monday through Friday.

CATASTROPHIC HRA
Motorola Solutions also has established a “Catastrophic HRA” fund of up to $250,000 per calendar year to provide an additional safety net for high-cost prescription drug claims. This fund will be available to all HRA participants. If you have eligible prescription drug costs that exceed the annual Medicare Part D prescription drug level during a calendar year, Motorola Solutions will provide an additional reimbursement. For 2013, the catastrophic level is $4,750 and is subject to change each year. This level includes the Medicare Part D deductible plus cost sharing prior to the donut hole plus donut hole expenses.

You’ll be eligible for a single, tax-free reimbursement for all or a portion of your out-of-pocket prescription drug expenses that are above the catastrophic level. Eligible expenses are limited to your prescription drug copayments and coinsurance (not prescription drug plan premiums) that are incurred on or after the date you enter the catastrophic level. Only expenses incurred by one individual are eligible. In other words, if you hit the catastrophic level, your spouse is not eligible for reimbursement unless his or her prescription drug expenses also reach the catastrophic level.

If you reach this level, contact Extend Health to request a kit for prescription drug assistance. You’ll have up to 90 days after the end of the calendar year to submit your eligible prescription drug expenses to Extend Health. Then, all expenses for eligible participants will be added up. If the total exceeds the $250,000 fund, reimbursements to eligible participants will be prorated and distributed in April of the following year.
TAX INFORMATION

The amount that is credited to your Health Reimbursement Account (HRA) and any expenses reimbursed from your HRA generally are not taxable to you or your dependents. However, expenses reimbursed for your domestic partner or your domestic partner’s children may be taxable. In addition, any reimbursements for ineligible health care expenses may be taxable to you.

If you have any questions about taxes, contact your tax advisor.

ELIGIBLE HEALTH CARE EXPENSES

You may use your HRA for reimbursement of certain eligible health care expenses, provided the expense:

- Has been incurred by you, your spouse, or your eligible tax dependent*;
- Is not reimbursed or reimbursable under any private, employer-provided, or public health care reimbursement or insurance arrangement (including under any Motorola Solutions-sponsored health care plans);
- Doesn’t exceed your HRA balance;
- Is incurred while you are participating in the HRA**; and
- Is not excluded under Internal Revenue Service (IRS) Code Section 213.

Expenses are eligible only to the extent that they are not paid for by your health care coverage. The HRA does not reimburse any expense that exceeds the balance in your account as of the date on which Extend Health processes the claim. Examples of eligible expenses include, but are not limited to, the following treatments, medical products, and services:

- Acupuncture;
- Alcoholism and drug abuse treatments;
- Ambulance services;
- Artificial limbs;
- Blood pressure monitors;
- Chiropractor services;
- Christian Science practitioner services;
- COBRA premiums;
- Deductibles, nonprescription drug copayments (copays), and coinsurance;
- Dental treatments;
- Hearing aids;
- Heart defibrillators;
- Hospital expenses;
- Immigration immunizations;
- Insulin;
- Laboratory fees and X-rays;
- Medical alert programs (when accompanied by a physician’s diagnosis letter);
- Pill crushers;
- Premiums for health care coverage, including Medicare Part B and Part D;
- Prescription drugs;
- Psychiatric care;
- Radial keratotomy;
- Smoking cessation drugs that require a prescription and programs to stop smoking;
- Vaccines;
- Vision care; and
- Wheelchairs.

*Consult your tax advisor to determine whether other members of your household (such as your domestic partner or child) qualify as your tax dependents.

**A health care expense is “incurred” when the care is provided, not when you are billed or charged for it, or when you pay for the expense.
APPLYING FOR BENEFITS

DEADLINE FOR CLAIMS
You have 180 days from the date participation ends to file a request for reimbursement after you are no longer eligible for the Health Reimbursement Account (HRA). For example, you are no longer eligible for an HRA if you drop your coverage under an individual medical Medicare plan through Extend Health.

The 180-day deadline doesn’t apply as long you remain eligible to receive a Motorola Solutions contribution to your HRA.

HOW TO GET EXPENSES REIMBURSED
Extend Health administers the HRA for Motorola Solutions and processes your reimbursements.

Auto reimbursement for coverage premiums
The HRA is compatible with the “auto reimbursement” feature offered by most Medicare supplement health care insurance carriers. If you enroll with a health insurance carrier that offers the “auto reimbursement” feature, your premiums can automatically be reimbursed from your HRA. If you enroll with a health care insurance carrier who does not offer auto reimbursement, you are responsible for paying the premium and then filing a claim with Extend Health for reimbursement from your HRA.

You can enroll for auto reimbursement when you initially elect health care coverage through Extend Health. If available through your medical plan or prescription drug plan insurance carrier, once you pay your premium, the amount of your premium will be automatically reimbursed to you from your HRA, up to the current balance.

If you do not want the auto reimbursement option when you initially enroll for an individual medical Medicare plan through Extend Health, be sure to communicate this to Extend Health during the enrollment process.

Direct deposit
You have the option of signing up for direct deposit of reimbursements to an account in a financial institution (for example, your checking or savings account). Reimbursements through direct deposit take only about three days following claim approval, while reimbursement checks mailed to you take about 14 days following claim approval.

You can sign up for direct deposit by using the Extend Health Direct Deposit Authorization Agreement included in the welcome packet or online at Extend Health’s website.

Filing a claim for reimbursement
If you incur an expense that is eligible for benefits under any medical, prescription drug, dental, or vision care plan, you must first submit the expense to all appropriate plans before you submit the claim for reimbursement to the HRA. In addition, if you are eligible for a health care reimbursement account (for example, a health care spending account) in a cafeteria plan under Code Section 125, you must first request reimbursement from that account, up to the maximum contribution. Then, submit the claim to the HRA for the unreimbursed amount.

You must submit all eligible expenses using the Extend Health HRA claim form either by mail or fax. The HRA Welcome Kit you receive from Extend Health will include this form, or you can go online to www.extendhealth.com/motorolasolutions to print a claim form.
Information required when filing a claim for reimbursement

If you file a claim for reimbursement, you must do so, in writing, by U.S. mail, email, or fax. When you file a claim for reimbursement, include the following:

- The amount of the health care expense for which you’re requesting reimbursement;
- The date you incurred the health care expense;
- A brief description and the purpose of the health care expense;
- The name of the person who incurred the health care expense and, if the person is not the retiree or surviving spouse/domestic partner, the person’s relationship to you;
- The name of the person, organization, or other provider to whom you paid the health care expense;
- A statement that you (or your eligible spouse/domestic partner or child) have not been (and will not be) reimbursed by insurance or otherwise, and you haven’t been allowed a tax deduction in a prior year for (and will not claim as a tax deduction) the health care expense under Code Section 213; and
- A written bill or explanation of benefits (EOB) from the health care service provider stating that you incurred the health care expense, the amount of the expense, and, at the discretion of Extend Health, a receipt showing you made the payment.

Extend Health may require you to submit a bill, receipt, cancelled check, or other written evidence or certification of payment or proof of your obligation to pay the health care expense. Verbal or handwritten information for general merchandise, illegible receipts, and statements with a forwarding balance are not accepted.

Submit your completed claim form directly to Extend Health at:

PayFlex Systems USA, Inc.
Extend Health
P.O. Box 2396
Omaha, NE 68103-2396
Fax: (402) 231-4310

or online at www.extendhealth.com/motorolasolutions.

Receiving reimbursements

You can request and receive reimbursements up to your current Health Reimbursement Account (HRA) balance.

Timing of reimbursement

Once Extend Health receives and approves your claim and related receipts, your claim generally will be processed within three to five business days. However, the regulations allow up to 30 days, plus an additional 15 days if needed, to conduct a review. Extend Health will notify you if the additional 15-day period is needed. If this extension is needed because information was not provided that is necessary to review the claim, Extend Health will describe the information needed. You will have up to 45 days from the date you receive the request for information to submit it. If you do not submit the requested information within the 45-day period, you must resubmit the entire claim. In this case, if the resubmitted claim is still incomplete, it will be discarded and may not be resubmitted again.

Once your claim is approved, you will receive a payment (no minimum reimbursement applies). If you are set up to receive a direct deposit, generally, you will receive the payment within three days of the approval. If your reimbursement is by check, you should receive it within 14 days. Visit the Extend Health website for the most current status of your claim.
IF A CLAIM FOR BENEFITS IS DENIED

If your claim for benefits is denied, in whole or in part, you will receive written or electronic notice that will include:

- The specific reason or reasons for the denial;
- Specific reference to pertinent Plan provisions on which denial is based;
- A description of any additional material or information necessary for you to perfect the claim and an explanation of why such material or information is necessary;
- A copy of any internal rule, guideline, protocol, or other similar criterion relied upon in making the initial determination or a statement that such a rule, guideline, protocol, or other similar criterion was relied upon in making the appeal determination and that a copy of such rule will be provided to you free of charge upon request; and
- A description of the Plan’s appeal procedures and the time limits applicable to such procedures, including a statement of your right to bring civil action under ERISA Section 502(a) to appeal any adverse benefit determination upon review.

Your right to appeal

If your request for eligibility for coverage or participation in the Health Reimbursement Account (HRA) is denied, in whole or in part, you may request a review of the denial. Your request for review must be in writing, and it should contain the reasons why you believe you’re entitled to benefits, as well as any additional information or documentation to support your claim.

Second level of review

If your appeal is denied, you may submit a written second-level appeal of that denial. You’ll receive the final decision about your appeal in writing. This decision will give you the specific reasons for the decision and also provide you with the corresponding Plan provision(s). The decisions are final and binding on all parties except as required by law. You or your covered dependents must exhaust all of the internal administrative remedies described above prior to bringing an action for benefits under the Plan as described under Section 502(a) of ERISA.

Deadline for filing a lawsuit

The deadline for filing a claim for benefits in court under Section 502(a) of ERISA is 180 days from the date of the final level of appeal decision.

Where to send your request for review

<table>
<thead>
<tr>
<th>Plan/Program</th>
<th>Send request for review to:</th>
<th>Second level of review</th>
</tr>
</thead>
</table>
| Eligibility for coverage through Extend Health and/or participation in the HRA | Extend Health Appeals  
P.O. Box 2396  
Omaha, NE 68103-2396  
Fax: (855) 321-2605  
Online: www.extendhealth.com/motorolasolutions | Motorola Solutions Benefits Review Committee  
1303 E. Algonquin Road  
Schaumburg, IL 60196 |

<table>
<thead>
<tr>
<th>Deadline for submitting written request for review</th>
<th>180 days from notification of denial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date for final decision on appeal</td>
<td>Decision will be made within 30 days of receipt of your written appeal</td>
</tr>
<tr>
<td>Date for filing suit in federal court</td>
<td>180 days after final denial of appeal</td>
</tr>
</tbody>
</table>
OTHER BENEFIT PROGRAMS FOR RETIREES

Table of contents

Wellness Programs for retirees ................................................................. 3:2
  Overview .................................................................................................. 3:2
  Onsite health screenings and services ..................................................... 3:2
  Motorola Solutions Wellness Center membership .................................. 3:2

CNA Long-Term Care Insurance .............................................................. 3:3

Disabled retiree benefits ......................................................................... 3:3
  Long-Term Disability coverage and life insurance benefits
  for disabled retirees ........................................................................... 3:3

SOME GENERAL TIPS ON USING YOUR RETIREE HEALTH AND WELFARE BENEFITS BOOK

If you’re reviewing your book online:
  • Selecting a web address will quickly redirect you to that website.
  • Selecting the Contact reference will redirect you to the Contact information subsection of the General Administration section, where you can find more details.
  • Selecting a linked subsection will redirect you to that subsection within the book for more information.
  • Selecting the navigation at the top will take you to either the previous page, next page, or the last page you were on; or go back to the table of contents for the section you are in.

Be sure to read the content in the margin callouts for important details.
WELLNESS PROGRAMS FOR RETIREES

OVERVIEW
Motorola Solutions’ Wellness Programs are designed to ensure that company retirees have the opportunity to be healthy. Visit the U.S. Retiree website for the nearest location or more information about onsite Wellness Programs available to you.

ONSITE HEALTH SCREENINGS AND SERVICES
As a retiree, you’re eligible to receive certain screenings and services at a fee, or as allowed under Medicare coverage (if you’re enrolled), at one of the Motorola Solutions onsite wellness locations (where available).

Onsite screenings and other programs and services may include the following:

- **Flu vaccinations**: Annual immunizations to protect you and your family from the potentially serious effects of the flu
- **Health screenings**: Annual screenings that help identify potential risk factors for disease; your results give you the information you need to talk with your physician and, together, create a personal health plan
  - Basic health screening (general health screening to detect common risk factors of certain disease or illness — includes height, weight, waist/hip ratio, blood pressure, blood lipid profile, and glucose)
  - Bone mineral density test*
  - Prostate-specific antigen*
  - Colon cancer screening*
  - Mammogram*

*If criteria are met for the particular test/screening. Some tests may not be available at the health screening events.

MOTOROLA SOLUTIONS WELLNESS CENTER MEMBERSHIP
As a retired Motorola Solutions employee (if you meet the age and service requirements listed in the Eligibility and Coverage section), you’re eligible to join a Motorola Solutions Wellness Center for a reduced monthly fee. Visit [https://mot-solutions.motivation.cc](https://mot-solutions.motivation.cc) to find the Motorola Solutions Wellness Center contact and location information.

Contact your nearest Motorola Solutions Wellness Center for the current retiree membership monthly rate. Your first monthly payment for your membership is due the first of the month following your retirement date. If you enroll in a Motorola Solutions Wellness Center at any time after your date of retirement, payment is due immediately upon enrollment. You’ll make your membership payment at the Wellness Center where you start your membership, and you’ll also be responsible for paying any additional expenses such as locker rental, personal training, aerobic classes, and specialty classes.

You may need to obtain a physician’s release for enrollment if two or more risk factors are present. Risk factors may be identified during the enrollment process and are based on risk factor guidelines set forth by the American College of Sports Medicine. Contact your local Wellness Center for more details.
CNA LONG-TERM CARE INSURANCE

You and your spouse can prepare now for the possibility of facing rising costs of health care and professional long-term care services in the future as the result of an accident or illness.

CNA Insurance Company offers Motorola Solutions retirees the opportunity to purchase Long-Term Care Insurance. You’ll pay a monthly premium for coverage. If long-term care services become necessary in the future, your insurance will reimburse you for eligible expenses, up to the limits you choose.

If you already have CNA Long-Term Care Insurance coverage prior to your retirement and pay your monthly premium through payroll deductions, you must call CNA to arrange for direct billing. If you don’t have CNA Long-Term Care Insurance coverage prior to retirement, you may still enroll after your retirement.

If you enroll for CNA Long-Term Care Insurance as a retiree, you’ll be required to complete a CNA long-form application for coverage. If necessary, CNA underwriting may ask for additional information to determine eligibility for coverage.

The Long-Term Care group insurance program is offered to you directly by CNA and is not a Motorola Solutions-sponsored plan. For details on Long-Term Care Insurance, call CNA at (800) 213-1237, or visit www.ltcbenefits.com and use the password: motorolaltc.

DISABLED RETIREE BENEFITS

If you’re no longer eligible to continue your life insurance coverage as a disabled retiree, you may be eligible to convert your life insurance under a portability option. Contact the Motorola Solutions Employee Service Center to find out if this option applies to you.

LONG-TERM DISABILITY COVERAGE AND LIFE INSURANCE BENEFITS FOR DISABLED RETIREES

If your employment terminated as a result of the Motorola Solutions Medical Leave Policy while you were receiving disability benefits under the Motorola Solutions Disability Income Plan, your disability income replacement will continue in accordance with the provisions of that disability coverage. In addition, certain coverage under the Motorola Solutions Life Insurance Plan may remain available to you after retirement if you remain disabled. This coverage provides financial support in the event of your death.

If you became disabled on or after Jan. 1, 2009, you should refer to the employee benefits book that was in place at the time you became disabled for details of disability and life insurance coverage that apply to you.

If you became disabled prior to Jan. 1, 2009, please contact the Motorola Solutions Employee Service Center for information on your coverage.
GENERAL ADMINISTRATION

Table of contents

Plan information ........................................................................................................................... 4:2
  Amendment and termination ................................................................................................. 4:2
  Representations contrary to the plans .................................................................................. 4:2
  Plan funding ........................................................................................................................... 4:2
  Applicable law ....................................................................................................................... 4:2
  Privacy .................................................................................................................................. 4:2

ERISA rights ............................................................................................................................... 4:3
  Receive information about your plan and benefits ............................................................. 4:3
  Continue group health plan coverage .................................................................................. 4:3
  Prudent actions by plan fiduciaries ...................................................................................... 4:3
  Enforce your rights ............................................................................................................... 4:3
  Assistance with your questions ........................................................................................... 4:4

Glossary ..................................................................................................................................... 4:4

Contact information ................................................................................................................ 4:6
  HRA and individual Medicare supplement plans .............................................................. 4:6
  Life insurance and disability ............................................................................................... 4:6

SOME GENERAL TIPS ON USING YOUR RETIREE HEALTH AND WELFARE BENEFITS BOOK

If you’re reviewing your book online:
  • Selecting a web address will quickly redirect you to that website.
  • Selecting the Contact reference will redirect you to the Contact information subsection of the General Administration section, where you can find more details.
  • Selecting a linked subsection will redirect you to that subsection within the book for more information.
  • Selecting the navigation at the top will take you to either the previous page, next page, or the last page you were on; or go back to the table of contents for the section you are in.

Be sure to read the content in the margin callouts for important details.
PLAN INFORMATION

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Motorola Solutions Post-Employment Health Benefits Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Number</td>
<td>580</td>
</tr>
<tr>
<td>Plan Administrator</td>
<td>Motorola Solutions, Inc.</td>
</tr>
<tr>
<td></td>
<td>1303 E. Algonquin Rd.</td>
</tr>
<tr>
<td></td>
<td>Schaumburg, IL 60196</td>
</tr>
<tr>
<td></td>
<td>Tax ID Number: 36-1115800</td>
</tr>
<tr>
<td>Agent for Legal Process</td>
<td>CT Corporation System</td>
</tr>
<tr>
<td></td>
<td>208 S. LaSalle Street</td>
</tr>
<tr>
<td></td>
<td>Chicago, IL 60604</td>
</tr>
<tr>
<td></td>
<td>(312) 263-1414</td>
</tr>
<tr>
<td>Type of Benefits</td>
<td>The plan is an employee welfare benefit plan that provides a health reimbursement arrangement.</td>
</tr>
<tr>
<td>Plan Year</td>
<td>Jan. 1 – Dec. 31</td>
</tr>
<tr>
<td>Funding</td>
<td>Benefit credits to participants’ HRA accounts are paid solely from the general assets of Motorola Solutions, Inc.</td>
</tr>
</tbody>
</table>

AMENDMENT AND TERMINATION

Motorola Solutions reserves the sole discretionary right to modify, amend, or terminate any of the Motorola Solutions benefit plans, in any respect, at any time and from time to time, by a written instrument adopted by its Board of Directors or its designee.

If a plan is modified, amended, or terminated, you’ll be notified about how your plan benefits or coverage will change. Motorola Solutions doesn’t require the consent of any retiree or any other person in order to modify, amend, or terminate any of the plans described in this book.

REPRESENTATIONS CONTRARY TO THE PLANS

No employee, director, or officer of Motorola Solutions has the authority to alter, vary, or modify the terms of any plan except by means of a duly authorized written amendment to the plan. No verbal or written representations contrary to the terms of the plans are binding upon the plan, the Plan Administrator, or Motorola Solutions.

PLAN FUNDING

Post-65 Health Reimbursement Account (HRA) reimbursements are paid out of the general assets of Motorola Solutions. The Long-Term Disability and Life Insurance Plans are fully insured.

APPLICABLE LAW

The plans described here shall be governed and construed in accordance with the laws of the State of Illinois to the extent not pre-empted by federal law.

PRIVACY

The Plan complies with the privacy rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), which provides safeguards on your protected health information maintained by Extend Health and the HRA. These privacy rules are described in the Notice of Privacy Practices that was previously sent to you. If you would like another copy of the Plan’s Notice of Privacy Practices, please visit http://usretireebenefits.motorolasolutions.com or contact the Motorola Solutions Employee Service Center at (800) 585-5100.
ERISA RIGHTS

As a Plan participant, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that you are entitled to:

RECEIVE INFORMATION ABOUT YOUR PLAN AND BENEFITS

- Examine without charge all Plan documents, including insurance contracts, and copies of all documents filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration, such as annual financial reports (Form 5500 Series).
- Obtain copies of documents governing the operation of the Plan, including insurance contracts, and copies of the latest annual report (Form 5500 Series) and updated summary plan description upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive summaries of the Plan's annual financial reports. These summaries are prepared and distributed to Plan participants each year. The Plan Administrator is required by law to furnish each participant a copy of the summary annual report.

CONTINUE GROUP HEALTH PLAN COVERAGE

- Under a group health plan, continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the group health plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review this Benefits Book and the documents governing the Plan regarding the rules governing your COBRA continuation coverage rights.
- Reduction or elimination of exclusionary periods of coverage for pre-existing conditions under your group health plan. You should be provided with a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose group health care coverage under the Plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a pre-existing condition exclusion for 12 months (18 months for late enrollees under HIPAA) after your enrollment in your coverage.

PRUDENT ACTIONS BY PLAN FIDUCIARIES

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate the Plan, called “fiduciaries,” have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including your employer or any other person, may discharge you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

ENFORCE YOUR RIGHTS

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reasons for the denial. You have the right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.
If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court after you have exhausted the Plan’s claims procedures. In addition, if you disagree with the Plan’s decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in federal court after you have exhausted the Plan’s claims procedures. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the Plan Administrator to pay these costs and fees. If you lose, the court may order you to pay these costs and fees if, for example, it finds your claim is frivolous.

ASSISTANCE WITH YOUR QUESTIONS
If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquires, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

GLOSSARY

Benefit credits
The amount credited to a participant’s Health Reimbursement Account (HRA) based on the retiree’s retirement date and whether both the retiree and spouse/domestic partner are eligible for the HRA or one or the other is.

Claim
If you file a claim for benefits under one of the programs described in this Benefits Book, you make a request for a benefit in accordance with the reasonable procedure for filing benefit claims. All claims must be in writing and contain the information as described under the Applying for Benefits section.

Claims Administrator
The entity to decide claims and/or appeals for eligibility has been delegated. For eligibility claims, the Claims Administrator is Aon Hewitt. For claims for benefits under the HRA, the Claims Administrator is Extend Health, Inc.

COBRA

Domestic Partner
An adult who is the same or opposite sex as you, and:

- You and your partner have legally married or registered your domestic partnership in accordance with the applicable city, county, or state laws; or
- In the absence of domestic partner registration, you and your partner meet all of the following requirements:
  - Are at least 18 years of age;
  - Aren’t related to one another to a degree that would prevent marriage under the law of the state where you reside;
  - Aren’t married to another person under statutory or common law, and neither of you is in another domestic partnership;
  - Are in a single, dedicated relationship with each other, and have been in such relationship for a minimum of six consecutive months, and intend to remain in the relationship indefinitely; and
  - Share the same residence and have shared the same residence for a minimum of six consecutive months.
**ERISA**

**Extend Health, Inc. (Extend Health)**
A Medicare coordinator/private Medicare exchange that employs licensed benefit advisors to help Medicare-eligible retirees select individual Medicare supplement health insurance plans.

**Health Reimbursement Account (HRA)**
The notational bookkeeping account established for a participant to hold his or her benefit credits. The HRA is not funded. Benefits are paid from Motorola Solutions general assets. This also referred to as a Health Reimbursement Arrangement.

**Life Insurance**
If you’re a retiree who continues to receive Long-Term Disability benefits under the Motorola Solutions Disability Income Plan, you may also have death-benefit protection that provides benefits to your beneficiary following your death. If enrolled, your life insurance benefits may include:

- Basic Life Insurance; and
- Supplemental Life Insurance (SLI).

**Long-Term Care Insurance**
An insurance policy that pays eligible expenses associated with long-term care, such as expenses for nursing homes, home health care, or other services for covered individuals with disabling conditions.

**Medicare**
The Hospital and Supplementary Medical Insurance Plan established by Title XVIII of the Social Security Act of 1965, as amended.

**Participant**
The individual in whose name an HRA has been established. A “participant” is a:

- Retiree that meets the HRA participation eligibility requirements; or
- Retiree’s surviving spouse/domestic partner that meets the HRA participation eligibility requirements.

**Plan**
The Motorola Solutions Post-Employment Health Benefits Plan. The benefits described in this Benefits Book (with the exception of life insurance, Long-Term Disability, and Long-Term Care Insurance) are provided through the Plan.

**Plan Administrator**
The entity with overall responsibility for the administration of a benefit plan described in this Benefits Book, or the person or entity to whom such responsibility has been delegated.

**Spouse**
For the purpose of coverage under the Plan, a spouse is a person of the opposite sex to whom you’re married if the marriage is recognized in the state in which you reside and in accordance with federal law.
## CONTACT INFORMATION

### HRA AND INDIVIDUAL MEDICARE SUPPLEMENT PLANS

<table>
<thead>
<tr>
<th>Plan/Program</th>
<th>Telephone/fax numbers</th>
<th>Web and mailing address</th>
</tr>
</thead>
</table>
| **Extend Health**  
• Health Reimbursement Account (HRA)  
• Individual Medicare supplement plans  
| **Telephone:** (855) 535-7155  
**TTY:** 711  
**Fax:** (855) 321-2605  
| **Online:** [www.extendhealth.com/motorolasolutions](http://www.extendhealth.com/motorolasolutions)  
**Mail:** Extend Health  
P.O. Box 2396  
Omaha, NE 68103-2396 |
| **Motorola Solutions**  
Employee Service Center (for eligibility)  
| **Telephone:** (800) 585-5100  
| |

### LIFE INSURANCE AND DISABILITY

<table>
<thead>
<tr>
<th>Plan/Program</th>
<th>Telephone/fax numbers</th>
<th>Web and mailing address</th>
</tr>
</thead>
</table>
| **Prudential Insurance Company**  
• Claim submission and status  
• Requests for review/appeals  
| **Telephone:** (800) 524-0542  
**TTY:** (888) 247-5309  
**Fax:** (888) 227-6764  
| **Online:** [www.prudential.com/motorolasolutions](http://www.prudential.com/motorolasolutions)  
**Mail:** The Prudential Insurance Company of America  
Attn: Group Life Claim Division  
P.O. Box 8517  
Philadelphia, PA 19176  
| **Beneficiary management**  
| **Telephone:** (800) 778-3827  
| **Beneficiary management website:** [www.prudential.com/motorolasolutions](http://www.prudential.com/motorolasolutions)  
Control Number/Access Code: 46638  
A Prudential representative will contact you. |
| **State of Health review/termination**  
| **Telephone:** (888) 257-0412  
| |
| **Life insurance conversion application**  
| **Telephone:** (877) 889-2070  
| |
| **Unum**  
• Management of Long-Term Disability claims  
| **Telephone:** (866) 295-3009  
**TTY:** (800) 887-2180  
**Fax:** (800) 447-2498  
| **Mail:**  
Unum  
The Benefits Center  
P.O. Box 100158  
Columbia, SC 29202 |