

2025 U.S. BENEFITS SUMMARY

April 27, 2025

MEDICAL OPTIONS - New Deductible Amounts

Coverage begins the day you begin work if you enroll within 31 days.

- Choose either Blue Cross Blue Shield of IL (nationwide coverage), Cigna (also nationwide) or Kaiser (in select locations)
- You have two high-deductible coverage levels to choose from that will also allow you to use a Health Savings Account: **\$3,750 Deductible & \$2,250 Deductible**
- You have one PPO option, **\$1,250 Deductible** unless you earn no more than \$60,000, then you'll have the option of a **\$500 Deductible** PPO Plan through Cigna or BCBS.

Optimal vs. Non-Optimal Plan refers to the Plan which will cost you the least to use (best discounts on services) in each state. Cigna is considered the optimal plan in: AK, AZ, CO, IL, ME, MT, NV, NH, NY, TN, VT. BCBS is Optimal for all other states. In UT, all plans except for the Cigna PPO are considered optimal.

| Pre-Tax deduction (24 bi-weekly) | Optimal Plan (Best discounts) | | | Non-Optimal (Best network) | | |
|----------------------------------|-------------------------------|--------------|----------|---|--------------|----------|
| | \$3750 (HSA) | \$2250 (HSA) | \$1250 | \$3750 (HSA) | \$2250 (HSA) | \$1250 |
| Employee | \$23.39 | \$53.25 | \$96.00 | \$39.60 | \$70.61 | \$114.58 |
| EE +Spouse/DP | \$78.60 | \$145.77 | \$241.97 | \$115.06 | \$184.85 | \$283.77 |
| EE + Child(ren) | \$55.09 | \$108.82 | \$185.79 | \$84.24 | \$140.08 | \$219.23 |
| Family | \$110.30 | \$201.36 | \$331.75 | \$159.71 | \$254.32 | \$388.42 |
| | | | | | | |
| | Kaiser (Select Locations) | | | \$500.00 Deductible Plan (employees earning no more than \$60,000) | | |
| | | | | Optimal Non-Optimal | | |
| Employee | \$6.04 | \$22.19 | \$45.26 | \$53.25 | | \$70.61 |
| EE +Spouse/DP | \$28.17 | \$64.60 | \$116.52 | \$145.77 | | \$184.85 |
| EE + Child(ren) | \$18.16 | \$47.28 | \$88.81 | \$108.82 | | \$140.08 |
| Family | \$40.29 | \$89.70 | \$160.07 | \$201.36 | | \$254.32 |

Prescription drug coverage is through Express Scripts except when covered by Kaiser

- \$3750 and \$2250 Plans are high-deductible plans — you'll pay the full cost of prescription drugs until you have satisfied your deductible. Then you'll pay the coinsurance.
- \$1250 Plan – Rx costs vary. Generic and preferred drugs have 30% coinsurance, brand and non-preferred have 45% coinsurance and in all cases min/max costs apply.
- \$500 Plan – you'll pay a \$10/\$20/\$30 copay for 30-day script

This summary represents general information regarding the Plans and policy provisions available at Motorola Solutions. You should not rely on this information other than as a general summary of the features of the Plans or policies. In the event of any difference between the terms of this Summary and the Plan documents or policies, the terms of the Plan documents or policies shall control.

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DENTAL PLAN

Coverage begins your first day of work if you enroll within 31 days.

- If you waive coverage, you can elect coverage only during the next annual enrollment period.
- Coverage is through MetLife Dental which has a “passive” dental network.
- Choose either Standard or Enhanced coverage. Enhanced includes adult and child orthodontia coverage and a larger annual benefit.

| Pre-Tax Deductions (24 bi-weekly) | Standard | Enhanced |
|------------------------------------|----------|----------|
| Employee | \$4.74 | \$22.94 |
| Employee + Spouse/Domestic Partner | \$9.47 | \$45.89 |
| Employee + Children | \$7.13 | \$45.37 |
| Employee + Family | \$12.80 | \$67.41 |

For greater details regarding all benefits, please go to benefits.motorolasolutions.com.

VISION CARE PROGRAM

Coverage begins the day you begin work if you enroll within 31 days.

- If you waive coverage, you can elect coverage only during the next annual enrollment period.
- Coverage is through VSP.
- Choose either Standard or Enhanced Coverage. Enhanced includes greater allowances for contacts and eyeglass frames.

| Pre-Tax Deductions (24 bi-weekly) | Standard | Enhanced |
|------------------------------------|----------|----------|
| Employee | \$1.94 | \$3.61 |
| Employee + Spouse/Domestic Partner | \$3.87 | \$7.22 |
| Employee + Children | \$4.72 | \$8.30 |
| Employee + Family | \$7.45 | \$13.17 |

SPENDING ACCOUNTS

PLAN PROVISIONS

Health Savings Account (HSA)

(you must be enrolled in a high deductible medical plan to participate)

Maximum annual contributions are \$4,300 single / \$8,550 family.

- If you're age 55 or older (or will turn age 55 during the plan year), you can also contribute an additional \$1,000 catch-up contribution.
- See Publication 502 at www.irs.gov for a complete list of eligible expenses.

Health Care Flexible Spending Account (FSA)

You may contribute up to \$3300 (minimum annual contribution of \$60).

- Your FSA is limited to eligible dental and vision expenses only if you enroll in the \$3,750 or \$2,250 Medical plan. (“Limited Purpose” or “Combination” FSA)
- With \$1250 or \$500 Medical, you can use FSA for medical, dental and vision expenses.

Note: Your annual contribution will be deducted in full by Dec. 31 regardless of the month you're hired and make your election.

Dependent Care Account (DCA)

You may contribute up to \$5,000 per year or up to \$2,500 if you're married and don't file jointly (minimum annual contribution is \$600).

- Your annual contribution will be prorated based on the number of pay periods remaining in the year after you're hired.

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| Life Insurance Paid by the company | Basic Life Coverage <ul style="list-style-type: none"> 1x your eligible compensation, rounded up to the next \$1,000, maximum \$1,250,000. Accidental Death and Dismemberment <ul style="list-style-type: none"> Principal Sum — 1x your eligible compensation, rounded up to the next \$1,000, max \$1,250,000. Business Travel Accident <ul style="list-style-type: none"> Principal Sum — the lesser of 3x your eligible compensation or \$3,000,000. |
| Supplemental Life Insurance | <ul style="list-style-type: none"> Coverage options: 1x to 10x your eligible compensation, rounded up to nearest \$1,000. Maximum \$3,000,000 New Hires guaranteed issue of 3x eligible compensation with no proof of insurability required. <p>Paid by you with after-tax dollars. If you don't elect coverage within 31 days of your hire date, you must apply and be approved for coverage. The same is true for increases to your coverage.</p> |
| Dependent Life Insurance (spouse/domestic partner and/or children) | <p>Spouse/domestic partner coverage options:</p> <ul style="list-style-type: none"> \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 \$150,000 \$200,000 <p>Note: Coverage cannot exceed 100% of your coverage for Basic and Supplemental Life.</p> <p>Coverage per child options (coverage applies to all children):</p> <ul style="list-style-type: none"> \$2,500 \$5,000 \$10,000 \$25,000 <p>Only available if you also elect Supplemental Life Insurance for yourself. For spouse/domestic partner coverage, if you don't elect coverage within 31 days of your hire date, you must apply and your spouse/domestic partner must be approved for coverage. The same is true for increases to this coverage.</p> |

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| LEAVES/ DISABILITY | PLAN AND POLICY PROVISIONS |
|---|--|
| Short-Term Disability Paid by the company. | You must be actively at work for 90 consecutive calendar days to become eligible, then you're eligible to receive the following if you're injured or ill after a seven-day waiting period (day one for accidents): <ul style="list-style-type: none"> 75% of your base salary for the first 90 calendar days. 60% of your base salary for the next 90 calendar days. |
| Short-Term Disability Buy-Up Paid by you with after-tax dollars. | <ul style="list-style-type: none"> If you enroll, you may increase the Short-Term Disability benefit you're eligible to receive by 15%. Your cost is \$0.10/\$100 of coverage per pay period. If you don't elect when you're hired, you may only elect coverage or end your coverage during the next annual enrollment period. |
| Long-Term Disability Paid by the company. | After 180 days of disability, you receive 60% of base salary up to \$10,000 per month. |
| Individual Disability Insurance (IDI) Paid by you with after-tax dollars. | Employees with compensation of \$100k or greater will have an opportunity once per year to purchase additional Long Term Disability coverage. |
| Paid Leaves Immediate Eligibility | Parental Leave <ul style="list-style-type: none"> Up to 13 weeks paid at 100% of salary. Family Leave (to care for parent, child or spouse/domestic partner) <ul style="list-style-type: none"> Up to 12 weeks paid at 100% of salary. |

| 401(k) PLAN | PLAN PROVISIONS |
|---|---|
| You'll be auto-enrolled with a 5% pre-tax contribution and your account will be invested in the target date retirement fund most appropriate for your age, unless you make a different election after your hire date. | <ul style="list-style-type: none"> Pre-tax and/or Roth after-tax contributions of 1% - 75% of pay, up to the IRS maximum (\$23,500 in 2025). All company match contributions are suspended as of April 27, 2025. Additional after-tax contributions of 1% - 10% of pay. Catch-up contributions for participants age 50 - 59 and 64 or older (\$7,500 in 2025) New IRS Catch-up contributions for participants age 60 - 63 (\$11,250 in 2025) Numerous investment options including target date funds. Rollovers accepted. Up to two loans and various withdrawals are available. Distribution options: <ul style="list-style-type: none"> Lump-sum cash distribution. Direct rollover. Partial distribution. Income+ program monthly payments (if you're age 55 or older; you'll automatically be enrolled in this program at age 60, unless you opt out). Combination. |

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| SupportLinc Employee Assistance Program | <ul style="list-style-type: none"> You and your eligible family members have up to five telephonic counseling sessions per year, up to 30 minutes of legal counseling, dependent care and other work-life balance services. |
| Adoption Assistance Program | <ul style="list-style-type: none"> Financial assistance for expenses associated with adopting a child. Up to \$8,000 for eligible adoption expenses. |
| PerkSpot Employee Discount Program | <ul style="list-style-type: none"> PerkSpot is an easy-to-use resource for discounts on electronics, apparel, travel, automotive, sports and recreation and much more. |
| Commuter Benefits | <ul style="list-style-type: none"> You can purchase public transportation and/or parking with pretax dollars, up to a monthly maximum of \$325 for transit and \$325 for parking. |
| 365 Hub | <ul style="list-style-type: none"> Healthcare “concierge” services. Must enroll during initial new hire or annual enrollment each year. Employee paid. |
| Accident Critical Illness Hospital Indemnity | <ul style="list-style-type: none"> Additional protection in the event of an accidental injury, Employee-paid. Additional protection in the event of catastrophic illness, Employee-paid. Additional protection in the event of hospitalization, Employee-paid. |
| Long-Term Care Insurance | <ul style="list-style-type: none"> Insurance to help pay for future long-term care services for you and your spouse/partner. Medical underwriting is required. Employee-paid. |
| ID Theft Protection Legal Services | <ul style="list-style-type: none"> Protection against of ID Theft Employee-paid access to legal services such as will preparation, legal advice, etc. |
| Home/Auto/Pet | <ul style="list-style-type: none"> Employee-paid, available throughout the year. |

2025 U.S. BENEFITS SUMMARY

| POLICIES | POLICY PROVISIONS | | | | | | | | |
|--|--|-------------------------|---------------------------------|-------|---------|--------|---------|------------|---------|
| Holidays | Nine holidays. | | | | | | | | |
| Paid Time Off (PTO) Non-exempt Employees | <p>Your PTO hours may be used for vacation, personal or family illness (including the unpaid waiting period for short-term disability), personal business, family matters and religious observance.</p> <table> <tr> <td><u>Years of Service</u></td><td><u>Potential Annual Accrual</u></td></tr> <tr> <td>0 < 8</td><td>22 days</td></tr> <tr> <td>8 < 15</td><td>27 days</td></tr> <tr> <td>15 or more</td><td>32 days</td></tr> </table> <p>Our PTO year is from Feb. 1 through Jan. 31. As of each Feb. 1, unused PTO up to a maximum of 40 hours will carry over and amounts over 40 hours will be forfeited*.</p> <p>*Note: California employees: Once your PTO accrual reaches 1.5 times your Potential Annual Accrual (above), you will not accrue additional PTO until your accrual decreases below the cap. Other states may also experience different carry-over rules.</p> | <u>Years of Service</u> | <u>Potential Annual Accrual</u> | 0 < 8 | 22 days | 8 < 15 | 27 days | 15 or more | 32 days |
| <u>Years of Service</u> | <u>Potential Annual Accrual</u> | | | | | | | | |
| 0 < 8 | 22 days | | | | | | | | |
| 8 < 15 | 27 days | | | | | | | | |
| 15 or more | 32 days | | | | | | | | |
| Flex Time Off (FTO) Exempt Employees | <p>Exempt employees will be able to take all the time they need for rest and relaxation, vacation, travel, personal and family needs.</p> <p>Please see Motorola Solutions' Flex Time Off policy for full details.</p> | | | | | | | | |
| Educational Assistance | <p>After one year of service, you may pursue further education consistent with your employment at Motorola Solutions with approval from your manager before starting any courses.</p> <ul style="list-style-type: none"> You may be reimbursed up to \$7,500 per year for covered expenses. Any reimbursement above \$5,250 annually will be taxed in the year in which the reimbursements are paid. | | | | | | | | |
| There are many other policies for situations such as bereavement, civic duty, family leave, medical leave and parental leave, as well as for drug-free and smoke-free workplace, flexible work options, senior service and more. | | | | | | | | | |

| INCENTIVE / EQUITY PLANS | GENERAL PROVISIONS |
|--|--|
| Annual Incentive Plan (AIP) | Annual cash payment, if any, is based on a target percentage of your annual eligible earnings, company performance and your personal performance. |
| Equity Plans | <p>Stock options and/or Restricted Stock Units (RSUs) are granted at the discretion of your business group or management based on performance.</p> <ul style="list-style-type: none"> E*TRADE equity accounts are accessible at www.etrade.com/stockplans, or contact E*TRADE at (800) 838-0908 with questions. |
| Employee Stock Purchase Plan (ESPP) | <p>You can elect to contribute, through payroll deductions, 1% to 20% of your eligible monthly pay to purchase shares of Motorola Solutions common stock at a discounted price.</p> <ul style="list-style-type: none"> The purchase price of each share will be 85% of the lower of: <ul style="list-style-type: none"> (a) The closing price of Motorola Solutions common stock on the first trading day of the offering period, or (b) The closing price on the last trading day of the offering period. Two six-month offering periods (April – September and October – March). <p>ESPP accounts are accessible online at www.etrade.com/stockplans, or contact E*TRADE at (800) 838-0908 with questions.</p> |

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