

# 2026 MOTOROLA SOLUTIONS ACTIVE RATES



## MEDICAL OPTIONS

All active regular full-time or part-time employees who are scheduled to work 20 or more hours per week are eligible to participate in Motorola Solutions' benefits program. New hires have 30 days from their date of hire to enroll in benefits. Coverage begins on date of hire for eligible employees.

Monthly Medical Rates	BCBS & Aetna – Optimal State Enrollment*			Employees earning no more than \$60,000
	Plan Rates			
	\$4100 (HSA)	\$2650 (HSA)	\$1650	\$500
Employee	\$53.38	\$121.53	\$219.09	\$121.53
EE + Spouse/DP	\$179.38	\$332.68	\$552.23	\$332.68
EE + Child(ren)	\$125.72	\$248.35	\$424.00	\$248.35
Family	\$251.72	\$459.53	\$757.12	\$459.53
Monthly Medical Rates	BCBS & Aetna – Non-Optimal State Enrollment*			Employees earning no more than \$60,000
	Plan Rates			
	\$4100 (HSA)	\$2650 (HSA)	\$1650	\$500
Employee	\$90.36	\$161.15	\$261.48	\$161.15
EE + Spouse/DP	\$262.58	\$421.87	\$647.61	\$421.87
EE + Child(ren)	\$192.25	\$319.68	\$500.32	\$319.68
Family	\$364.49	\$580.41	\$886.46	\$580.41
Monthly Medical Rates	Kaiser (Select Locations)			
	Plan Rates			
	\$4100 (HSA)	\$2650 (HSA)	\$1650	
Employee	\$11.96	\$43.93	\$89.61	
EE + Spouse/DP	\$55.76	\$127.90	\$230.69	
EE + Child(ren)	\$35.95	\$93.61	\$175.84	
Family	\$79.77	\$177.59	\$316.92	
Monthly Medical Rates	Cigna Global (Select Locations Outside of the US)	HMSA (EE Residing in Hawaii)		
	Plan Rates	Plan Rates	Plan Rates	
Employee	\$112.01	\$148.00		
EE + Spouse/DP	\$261.47	\$909.51		
EE + Child(ren)	\$184.84	\$609.70		
Family	\$431.75	\$1,224.81		

\*Optimal carrier is determined by EE home zip code. Please refer to your Aptia benefits site for more information on the optimal carrier in your state.

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## DENTAL PLAN - MetLife

Coverage begins on date of hire for eligible employees.

Monthly Dental Rates	Standard	Enhanced
Employee	\$9.47	\$45.88
Employee + Spouse/Domestic Partner	\$18.93	\$91.77
Employee + Children	\$14.26	\$90.73
Employee + Family	\$25.59	\$134.82

## VISION CARE PROGRAM - VSP

Coverage begins on date of hire for eligible employees.

Monthly Vision Rates	Standard	Enhanced
Employee	\$3.87	\$7.22
Employee + Spouse/Domestic Partner	\$7.74	\$14.44
Employee + Children	\$9.43	\$16.60
Employee + Family	\$14.89	\$26.34

## Voluntary Term Life - Securian

Coverage begins on date of hire for eligible employees. Please note that the rates below are per \$1,000 of coverage. Age banded rates are on a uni-smoker basis.

Age Banded Monthly Rates	Rate - EE	Rate - Spouse	Rate – Child (not age banded)
<=24	\$0.03	\$0.03	\$0.09
25 - 29	\$0.03	\$0.03	
30 - 34	\$0.05	\$0.05	
35 - 39	\$0.06	\$0.06	
40 - 44	\$0.07	\$0.07	
45 - 49	\$0.11	\$0.11	
50 - 54	\$0.17	\$0.17	
55 - 59	\$0.34	\$0.34	
60 - 64	\$0.40	\$0.40	
65+	\$0.47	\$0.47	

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## Voluntary AD&D - Securian

Coverage begins on date of hire for eligible employees. Please note that the rates below are per \$1,000 of coverage.

AD&D Monthly Rates	Rate – EE Only	Rate – EE + Family
Supplemental Rates	\$0.02	\$0.03

## Critical Illness Supplemental Health - Voya

Coverage begins on date of hire for eligible employees.

Coverage Amount: EE \$30,000; Spouse \$15,000; Child \$10,000					
Age Banded Monthly Rates	Rate - EE		Rate - Spouse		Rate – Child (not age banded)
	Non-Smoker	Smoker	Non-Smoker	Smoker	
<=24 - 29	\$8.45	\$13.25	\$4.85	\$7.25	\$1.90
30 - 39	\$10.85	\$17.15	\$6.05	\$9.20	
40 - 49	\$21.35	\$36.05	\$11.30	\$18.65	
50 - 59	\$47.15	\$79.55	\$24.20	\$40.40	
60 - 64	\$71.72	\$121.25	\$36.50	\$61.25	
65 - 69	\$90.65	\$141.95	\$45.95	\$71.60	
70+	\$128.75	\$231.05	\$65.00	\$116.15	

Coverage Amount: EE \$15,000; Spouse \$7,500; Child \$5,000					
Age Banded Monthly Rates	Rate - EE		Rate - Spouse		Rate – Child (not age banded)
	Non-Smoker	Smoker	Non-Smoker	Smoker	
<=24 - 29	\$4.85	\$7.25	\$3.05	\$4.25	\$0.95
30 - 39	\$6.05	\$9.20	\$3.65	\$5.23	
40 - 49	\$11.30	\$18.65	\$6.28	\$9.95	
50 - 59	\$24.20	\$40.40	\$12.73	\$20.83	
60 - 64	\$36.50	\$61.25	\$18.88	\$31.25	
65 - 69	\$45.95	\$71.60	\$23.60	\$36.43	
70+	\$65.00	\$116.15	\$33.13	\$58.70	

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## Accident Supplemental Health - Voya

Coverage begins on date of hire for eligible employees.

Monthly Accident Rates	Standard
Employee	\$9.50
Employee + Spouse/Domestic Partner	\$14.25
Employee + Children	\$14.25
Employee + Family	\$19.00

## Hospital Indemnity Supplemental Health - Voya

Coverage begins on date of hire for eligible employees.

Monthly Hospital Indemnity Rates	Standard
Employee	\$12.20
Employee + Spouse/Domestic Partner	\$28.00
Employee + Children	\$21.08
Employee + Family	\$36.88

## Legal Coverage - MetLife

Coverage begins on date of hire for eligible employees.

Monthly Legal Coverage	Standard
Employee	\$16.50

## ID Theft Protection – Allstate Identity Protection

Coverage begins on date of hire for eligible employees.

Monthly Legal Coverage	Standard
Employee	\$9.95
Employee + Family	\$17.95

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## HSA/ FSA CONTACT INFORMATION

<b>Reimbursement Accounts: HSA, and/or FSA</b>	Aptia 365 Reimbursement Services PH: 866-268-0142 MON - FRI 8am to 9pm EST Website: <a href="http://yourflexbenefits.aptia365.com">yourflexbenefits.aptia365.com</a>
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For greater details regarding all benefits, please go to [benefits.motorolasolutions.com](http://benefits.motorolasolutions.com) or <https://yourflexbenefits.aptia365.com/aptia/client-resources>

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