



Your Medicare Retiree Health Care Benefits Book

This U.S. Benefits Book describes health care and other benefits effective Jan. 1, 2019 for retirees and their dependents who are Medicare-eligible prior to Jan 1, 2017.

Please see Mercer Medicare Retiree Health Care Benefits book if you became Medicare-eligible after January 1, 2017.

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 Medicare-eligible retirees and their Medicare-eligible 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, 2019. 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 (non-Medicare) retirees and their dependents who are not Medicare-eligible. 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 Mercer Marketplace 365. 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 Benefit Book.

INTRODUCTION

Since you are Medicare-eligible, you and/or your eligible dependent have the opportunity to purchase an individual Medicare supplement plan(s) through Via Benefits (formerly Towers Watson's OneExchange). 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.

Motorola Solutions, Inc. contributes 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 Via Benefits. You can apply your HRA towards the cost for coverage you or your spouse/domestic partner elects through Via Benefits or to reimburse you for certain eligible health care expenses incurred during the year.

Via Benefits is a third-party Medicare coordinator that offers phone support and enrollment services to Medicare-eligible retirees to help you select health care insurance plans that best meet your needs.

Via Benefits is not affiliated with the federal and state exchanges or marketplaces.

This Benefits Book describes the benefits available to you as a Medicare-eligible retiree and/or spouse/domestic partner who has become eligible for Medicare. While it also includes a brief description of the services available, Via Benefits 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 Medicare-eligible retiree, as well as the requirements that apply to your eligible Medicare-eligible 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.

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.

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- Details of Health Reimbursement Account (HRA) eligibility and participation.
 - Important facts, dates, and deadlines.
- Keep this information handy, and refer to it often as your resource for information.

SOME GENERAL TIPS ON USING YOUR RETIREE HEALTH 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 Medicare-eligible Health Reimbursement Account (HRA) administered through Via Benefits, the HRA Administrator.

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 **U.S. Retiree** website. General information about the HRA — including your current account balance — can be found on the Via Benefits 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.

QUICK CONTACT INFO

U.S. Retiree Website
<https://benefits.motorolasolutions.com/>

Mercer Marketplace 365 (844)
851-5426

HRA ELIGIBILITY AND PARTICIPATION:

Via Benefits (855) 535-7155
my.viabenefits.com/motorolasolutions

For more contact details, refer to the **Contact information** subsection.

INTRODUCTION

Those who have become Medicare-eligible prior to 2017 may purchase an individual Medicare plan through Via Benefits (formerly Towers Watson's OneExchange), a third-party vendor with whom Motorola Solutions has contracted to provide access to various Medicare supplement coverage options. If you enrolled in medical coverage through OneExchange prior to 2017, and met the eligibility requirements for HRA participation, you are eligible to continue participation 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

If you purchase medical coverage through Via Benefits, it's important to be aware of general retiree coverage eligibility rules. These general rules are provided below.

GENERAL RETIREE COVERAGE RULES

To be considered an eligible "retiree" for Medicare-eligible 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 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

You must remain enrolled in the medical Medicare Supplement Plan or Medicare Advantage Plan through Via Benefits to continue to be eligible for a contribution to your HRA.

- 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 extended 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 Mercer Marketplace 365 at (844) 851-5426 if you have questions about your eligibility for coverage.

DEPENDENT ELIGIBILITY REQUIREMENTS

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 your eligible spouse/domestic partner is Medicare-eligible, he or she can purchase medical coverage through Via Benefits. If you get married or establish a domestic partnership after retirement, your spouse/domestic partner isn't eligible for retiree coverage.

SPOUSE/SURVIVING SPOUSE

Throughout this Benefits Book, "spouse" or "surviving spouse" refers to a person to whom you are legally married if the marriage is recognized in the jurisdiction in which you were married.

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 domestic partner have registered your domestic partnership or have entered into a civil union 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

Mercer Marketplace 365 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 and, **you must purchase an individual medical Medicare Supplement Plan or Medicare Advantage Plan through Via Benefits to become a participant in the HRA.**

You can elect a different individual medical Medicare plan through Via Benefits during any enrollment period.

For HRA participation and health care coverage purchased through Via Benefits, you (or your spouse/domestic partner) are eligible if you were Medicare-eligible as of January 1, 2017.

After you and/or your eligible spouse/domestic partner enroll through Via Benefits, you will receive 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 through Via Benefits:

- 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 not Medicare-eligible and whose spouse/domestic partner is also not Medicare-eligible;
- A Medicare-eligible retiree who has not purchased medical coverage through Via Benefits;
- 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,
 - Are not eligible for and/or enrolled in Medicare Parts A and B, or
 - Do not maintain the medical Medicare Supplement Plan or Medicare Advantage Plan that you purchased through Via Benefits.

*You may, however, use your HRA for reimbursement of your dependent children's eligible health care expenses.

OPEN ENROLLMENT

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 January 1. Medicare determines the annual enrollment period (generally from mid-October to early December). Via Benefits will communicate the open enrollment period 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.

MEDICARE 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 Via Benefits.

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 Via Benefits, 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.

DEADLINE FOR FILING CLAIMS FOLLOWING YOUR DEATH

Claims must be submitted no later than 180 days after your death to be eligible for reimbursement from your HRA.

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 within 180 days of your death.

If a retiree is rehired

If you are participating in the HRA, are rehired, and drop your individual medical Medicare plan through Via Benefits, 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 Via Benefits starts again. Contact Via Benefits 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.

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 Via Benefits, including death;
- The date the former employee is no longer enrolled in medical coverage through Via Benefits, 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 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 your spouse/domestic partner who is Medicare-eligible 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 within 180 days of his or her death.

DEADLINE FOR FILING CLAIMS FOLLOWING YOUR SPOUSE/DOMESTIC PARTNER'S DEATH

Claims must be submitted no later than 180 days after your spouse's/surviving spouse's death to be eligible for reimbursement from 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 Mercer Marketplace 365 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 Mercer Marketplace 365 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 Mercer Marketplace 365 at (844) 851-5426 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 Via Benefits 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 Via Benefits. 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

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 general information about the HRA — including your current account balance — on the Via Benefits website at my.viabenefits.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 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 Via Benefits 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 become eligible for Medicare, 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 Medicare-eligible (see “Contribution Information” below).

QUICK CONTACT INFO

RETIREE HEALTH CARE PLANS:

U.S. Retiree Website

<https://benefits.motorolasolutions.com/>

Mercer Marketplace 365 (844) 851-5426

HRA ELIGIBILITY AND PARTICIPATION:

Via Benefits (855) 535-7155

my.viabenefits.com/motorolasolutions

For more contact details, refer to the **Contact information** subsection.

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 VIA BENEFITS

You pay the full cost of coverage you purchase through Via Benefits. You must elect individual medical coverage through Via Benefits to be eligible to participate in the HRA.

HEALTH REIMBURSEMENT ACCOUNT CONTRIBUTIONS

If you meet the eligibility criteria and elect medical coverage through Via Benefits, 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 Via Benefits; and
- Whether your spouse/domestic partner (if any) elects medical coverage through Via Benefits. The charts below explain the benefit credits available to you.

Motorola Solutions will review the amount of benefit credits allocated to the HRA each year and may adjust the amount from time to time.

Motorola Solutions will review the amount of benefit credits allocated to the HRA each year and may adjust the amount from time to time.

Family eligibility	Motorola Solutions’ annual HRA contribution (benefit credits)
You are Medicare-eligible and don’t have a spouse/domestic partner	\$ 560
Your eligible surviving spouse/domestic partner is Medicare-eligible	\$ 560
You and your eligible spouse/domestic partner are Medicare-eligible	\$1,120

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), a Balance Reminder about your available HRA balance will be sent out to you (if there has been no activity on your account in the 90 days prior to the mailing). This reminder confirms the annual funding made to your account.

You can obtain your available balance and reimbursement history at any time on the Via Benefits website at my.viabenefits.com/motorolasolutions. Or, you can call Via Benefits 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 2017, the catastrophic level is \$4,950 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 Via Benefits 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 Via Benefits. 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 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 Via Benefits 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.

For a complete list of expenses allowed by the Internal Revenue Service (IRS) and any special requirements for a service or supply that can be reimbursed from your HRA, refer to IRS Publication 502 or contact your tax advisor. This publication is available by calling 1-800-TAX-FORM (1-800-829-3676). You can also access IRS Publication 502 by logging on to the IRS website at www.irs.gov/pub502 on the IRS website.

*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.

Note: Over-the-counter (OTC) medication expenses, such as pain relievers and cold medications, are eligible for reimbursement only with your health care provider's prescription or statement of medical necessity. (This rule does not apply to insulin.)

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 Via Benefits.

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

Via Benefits 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 Via Benefits for reimbursement from your HRA.

You can enroll for auto reimbursement when you initially elect health care coverage through Via Benefits. 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 Via Benefits, be sure to communicate this to Via Benefits 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 Via Benefits Direct Deposit Authorization Agreement included in the welcome packet or online at Via Benefits'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 Via Benefits HRA claim form either by mail or fax. The HRA Welcome Kit you receive from Via Benefits will include this form, or you can go online to my.viabenefits.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 Via Benefits, a receipt showing you made the payment.

Via Benefits partners with PayFlex Systems USA, Inc. to process reimbursements from your HRA. However, you should contact OneExchange if you have any questions about your account.

Via Benefits 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 Via Benefits at: PayFlex Systems USA, Inc.

Via Benefits
P.O. Box 981155
El Paso, TX 79998-1155
Fax: (855) 321-2605

or online at my.viabenefits.com/motorolasolutions.

Receiving reimbursements

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

Timing of reimbursement

Once Via Benefits 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. Via Benefits 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, Via Benefits 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 Via Benefits website for the most current status of your claim.

Annual Rollback

For reimbursement from Via Benefits, claims submitted and approved that exceed your available HRA balance in any given year will be available for reimbursement with future annual HRA contributions by Motorola Solutions. All prior year HRA claims that haven't been reimbursed will be paid as new contributions become available.

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

Plan/Program	Send request for review to:	
	First level of review	Second level of review
Eligibility for coverage through Via Benefits and/or participation in the HRA	Via Benefits Appeals P.O. Box 2396 Omaha, NE 68103-2396 Fax: (855) 321-2605 Online: my.viabenefits.com/motorolasolut	Motorola Solutions Benefits Review Committee 500 W Monroe, 43 rd Floor Chicago, IL 60661
Deadline for submitting written request for review	180 days from notification of denial	
Date for final decision on	Decision will be made within 30 days of receipt of your written appeal	
Date for filing suit in federal	180 days after final denial of appeal	

GENERAL ADMINISTRATION

Plan Information

Plan Name	Motorola Solutions Post-Employment Health Benefit Plan
Plan Number	580
Plan Administrator	Motorola Solutions, Inc. 500 W Monroe 43 rd Floor Chicago, IL 60661 Tax ID Number: 36-1115800
Agent for Legal Process	CT Corporation System 208 S. LaSalle Street Chicago, IL 60604 (312) 263-1414 Service of a legal process may also be made on the Plan Administrator or Trustee.
Type of Benefit	The plan is an employee welfare benefit plan that provides a health reimbursement arrangement.
Plan Year	Jan. 1 – Dec. 31
Funding	Benefit credits to participants' HRA accounts are paid solely from the general assets of Motorola Solutions, Inc.

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 Via Benefits 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 <https://benefits.motorolasolutions.com/> or contact Mercer Marketplace 365 at (844) 851-5426.

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 Via Benefits.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985. Consult the Continuing HRA Participation Under COBRA section for more information.

Domestic Partner

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

- You and your domestic partner have registered your domestic partnership or have entered into a civil union 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

The Employee Retirement Income Security Act of 1974, as amended.

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.

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 to whom you are legally married if the marriage is recognized in the jurisdiction in which you are married.

Via Benefits (formerly Towers Watson’s OneExchange)

A Medicare coordinator/private Medicare exchange that employs licensed benefit advisors to help Medicare- eligible retirees select individual Medicare supplement health insurance plans.

CONTACT INFORMATION

HRA AND INDIVIDUAL MEDICARE SUPPLEMENT PLANS

Plan/Program	Telephone/fax numbers	Web and mailing address
Via Benefits <ul style="list-style-type: none">▪ Health Reimbursement Account (HRA)▪ Individual Medicare supplement plans	Telephone: (855) 535-7155 TTY: 711 Fax: (855) 321-2605	Online: my.viabenefits.com/motorolasolutions Mail: Via Benefits P.O. Box 981155 El Paso, TX 79998-1155
Mercer Marketplace 365 (for eligibility)	Telephone: (844) 851-5426	

U.S. Medicare Retiree Health Care Benefits Book
Effective Jan. 1, 2019.

Motorola Solutions, Inc.
500 W Monroe 43rd Floor

Chicago, IL 60661 U.S.A.
(847) 576-5000

Equal Opportunity/Affirmative Action Employer

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