

# Your Pre-65 Retiree Health Care Benefits Book

This U.S. Benefits Book describes the Health Reimbursement Account and other benefits effective January 1, 2017, (updated 4/1/2025) for retirees and their dependents who are under age 65\*.

\*If you are under age 65 and Medicare-eligible, please see the book titled "Your Medicare Retiree Healthcare Benefits Book."

# 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 pre-65 retirees and their pre-65 dependents, who are not eligible for Medicare, 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 January 1, 2017 and updated as of April 1, 2025. 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.

The Plan also provides benefits for retirees (and/or their eligible dependents) who have reached age 65 or who have otherwise become Medicare-eligible. The Plan’s post-65/Medicare benefit program is 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.**

# INTRODUCTION

Once you retire, coverage for you and/or your dependent(s) will no longer be provided directly through Motorola Solutions' group health plan. Instead, you and/or your eligible dependents will have the opportunity to purchase qualifying individual or family health care coverage through Healthcare.gov or applicable state-based marketplace. Motorola Solutions, Inc. will contribute to a Health Reimbursement Account (HRA) set up in your name through Aptia365 — as long as you and your eligible dependents enroll in an eligible medical plan. You can apply the funds in your HRA toward the cost of your individual or family health coverage or to reimburse yourself for certain eligible health care expenses incurred during the year.

This approach offers you the opportunity to choose the coverage that best meets your needs from a variety of individual or family plans offered both through the federal or applicable state-based marketplaces.

This Benefits Book describes the benefits available to you and to your eligible dependents at the time you retire. The benefits for post-65 retirees (and their eligible dependents), and, retirees who are otherwise eligible for Medicare, are described in a separate Benefits Book. Please consult the *Medicare Retiree Health Care Benefits Book* for more information.

Inside this Benefits Book, you'll find detailed information about the HRA established in your name (or, in the event of your death, in your survivor's name), as well information about the contributions ("benefit credits") that Motorola Solutions will make to your HRA.

This Benefits Book acts as the official Summary Plan Description (SPD) for the HRA, as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

<p>Aptia365 is a third-party health care coordinator that offers phone support and enrollment services at no additional cost to retirees to help you select health care insurance plans that best meet your needs. Aptia365 is also the HRA Administrator under the Plan.</p> <p>Aptia365 is not affiliated with the federal and state exchanges or marketplaces, nor is Aptia365 affiliated with Motorola Solutions.</p>
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# Table of Contents

<b>ELIGIBILITY AND COVERAGE .....</b>	<b>1</b>
Overview .....	1
Introduction.....	2
Who's Eligible.....	2
Who's Not Eligible .....	6
Plan Ahead!.....	6
When Participation Begins .....	7
When Participation in the HRA Ends.....	8
<b>HEALTH REIMBURSEMENT ACCOUNT.....</b>	<b>11</b>
Overview .....	11
Introduction.....	11
Participation in the HRA .....	11
Contribution Information .....	12
Account Reminders .....	13
Tax Information .....	13
Eligible Health Care Expenses .....	13
Applying for Benefits .....	15
<b>OTHER BENEFIT PROGRAMS FOR RETIREES ERROR! BOOKMARK NOT DEFINED.</b>	
Disabled Retiree Benefits .....	<b>Error! Bookmark not defined.</b>
<b>GENERAL ADMINISTRATION .....</b>	<b>19</b>
Plan Information .....	19
ERISA Rights .....	20
Glossary .....	22
Contact Information .....	23

## WHAT'S INSIDE

- 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 CARE BENEFITS BOOK

If you're reviewing your book online:

- Selecting web addresses 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.

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

# ELIGIBILITY AND COVERAGE

## Overview

This section summarizes eligibility and participation requirements for the 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 on the [U.S. Retiree website](https://benefits.motorolasolutions.com/Retirement-Medical-Benefits/About-Retirement-Medical). General information about the HRA — including your current account balance — can be found on the Aptia365 website.

You and your dependents 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/Retirement-Medical-Benefits/About-Retirement-Medical>

#### **HRA ELIGIBILITY AND PARTICIPATION:**

#### **Aptia365**

(844) 851-5426

[www.retiree.aptia365.com/Motorola-Solutions](http://www.retiree.aptia365.com/Motorola-Solutions)

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

# Introduction

When you retire from Motorola Solutions, and have met the eligibility requirements under the Plan, you have the opportunity to choose one of the following coverage paths for retiree medical:

- **Enroll within 60 days of your eligibility date (the 1st of the month after you terminate your employment) in a qualifying healthcare plan through the federal or applicable state-based marketplace.** Motorola Solutions will contribute to a Health Reimbursement Account (HRA) from which you can request reimbursement for eligible health care expenses, including health care premiums. You must meet the Plan's eligibility requirements to receive HRA contributions. If you are age 65 or older when you retire, or otherwise eligible for Medicare, see the separate *Medicare Retiree HealthCare Benefits Book* for an explanation of post-65 or Medicare eligible retiree benefits.
- **Continue your coverage under the Motorola Solutions Employee Medical Benefits Plan pursuant to COBRA (including subsidized COBRA offered through a MSI severance plan):** This allows you to continue your medical coverage, generally for up to 18 months. See the *U.S. Health and Welfare Benefits Book* for details about COBRA under the Employee Health Care Plans. Remember: if you choose COBRA, you will be required to pay the full cost of your coverage, which will be higher than the rates you paid as an active employee, unless subsidized through a severance plan

Continuing coverage through COBRA may offer an advantage for the remainder of the year because you won't have to satisfy a new plan deductible or out of pocket maximum for the plan year.

NOTE: If you have terminated your employment and are covered on MSI's active medical plan because your spouse or domestic partner is also a Motorola Solutions employee, and you are otherwise eligible for the Post-Employment Medical Plan, you should contact Aptia365 and defer your HRA start date. You must then enroll within 60 days of becoming eligible for the Post-Employment Medical Plan (are no longer covered under the MSI active medical plan).

## Who's Eligible

To be considered an eligible "retiree" for coverage, you and your dependents must meet certain eligibility requirements, which are described below.

## About These Eligibility Rules

The eligibility rules below describe the retirees who are eligible for the pre-65, non-Medicare-eligible, retiree benefit program. Remember: the benefit program consists of two components. 1) You must purchase qualifying individual or family medical coverage through [healthcare.gov](https://healthcare.gov) or applicable state-based exchange. 2) Work with Aptia365 to establish an HRA in your name, which will be funded with Motorola Solutions benefit credits.

## Your Eligibility Requirements

As a former employee, you are eligible for the pre-65, non-Medicare retiree benefit program if you began employment before January 1, 2005 and:

- You're a current retiree eligible for and receiving retiree coverage through the Plan; or

**U.S. PRE-65 RETIREE HEALTH CARE BENEFITS BOOK**

Effective: January 1, 2017

- You have a break in service less than five years to maintain eligibility for the HRA
- 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

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 January 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 January 1, 2005, or you don't meet the necessary age and service requirements for retirees when your employment terminates. Contact the Motorola Solutions Retiree Service Center at (844) 851-5426 if you have questions about your eligibility for coverage.

Remember, you must remain enrolled in qualified individual or family medical coverage through Healthcare.gov or applicable state-based exchange to continue to be eligible for contributions to your HRA.
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## Benefit Credits for Enrolled Dependents

If you meet the eligibility criteria described, an HRA will be set up in your name. Motorola Solutions will fund your HRA with certain "benefit credit" contributions. (The amount of benefit credits is described later in this Benefits Book.)

In addition to the benefit credits you earn after purchasing qualifying coverage for yourself, Motorola Solutions may make an *additional* contribution to an HRA if your eligible dependents are enrolled in qualifying medical coverage through Aptia365 and one person in your household is age 65 or older or eligible for Medicare. (See "Split Families" on page 8). However, please note that you will only receive a benefit credit for dependents that were covered as your dependent under the Motorola Solutions' health plan for active employees prior to your retirement. This means that you cannot receive benefit credits for a dependent that you acquired after retirement.

When applicable, you will be eligible to receive a contribution (or "benefit credit") for the following individuals:

- Your legally recognized spouse;\*
- Your domestic partner; or
- Your unmarried dependent child who's your:
  - Natural-born child;
  - Adopted child or child placed with you for adoption (even if the adoption is pending and not yet final);
  - Stepchild who lives with you;
  - Child for whom you have legal guardianship; or
  - Domestic partner's child who lives with you (see Domestic Partner section for details regarding eligibility).

Such dependent children are eligible for coverage until age **24**, regardless of student status.

## Incapacitated Dependent Requirements

If your eligible child was covered under Motorola Solutions' active or retiree health plan on December 31, 2010, and became disabled while covered, you may receive benefit credits with respect to him or her beyond age 23. You must show that your child is incapable of sustaining employment because of a mental or physical disability and furnish proof of incapacity and dependency to the Plan Administrator within 60 days of when your child turns age 24. Contact the Motorola Solutions Retiree Service Center for further details.

## Spouse/Domestic Partner

If you're married or in an eligible domestic partnership (as defined below) at the time of your retirement from Motorola Solutions, you may be eligible for additional HRA benefit credits if they are enrolled in individual Medicare health plan coverage through Aptia365. Please see information on "Split Families."

If you get married or establish a domestic partnership after retirement, you will not be eligible for additional HRA benefit credits.

### 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 must be an adult who is the same or opposite sex as you, to whom you are not married, 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.

Once you enroll in qualifying coverage and become eligible for HRA participation, If you fail to maintain eligibility for the HRA, participation also ends for any eligible dependent. Once retiree HRA participation ends for either you or your dependents for any reason, the Motorola Solutions HRA contributions will permanently end.(see When Participation Ends for further detail.)

## Important Note about Domestic Partners

Please be aware that you will not be able to use your HRA funds to pay for premiums or other medical expenses incurred by your domestic partner unless they qualify as your dependent for tax purposes. Please consult your tax adviser to determine whether your domestic partner qualifies as your tax dependent.

## Proof of Dependent Eligibility

The Motorola Solutions Retiree Service Center may require verification of your dependent's 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 dependent may be terminated.

## Divorce or End of Domestic Partnership

Ex-spouses and former domestic partners are not considered eligible dependents under the Plan. This means that you are not eligible to receive benefit credits for an ex-spouse/domestic partner. You must notify the Motorola Solutions Retiree Service Center within 31 days of the date of your divorce or the date your domestic partnership ends.

## Who Is Not Eligible for Benefit Credits

You cannot receive pre-65 HRA benefit credits with respect to a dependent if:

- Your dependent was not a covered dependent under the Motorola Solutions health plan for active employees as of your retirement (i.e., the day you terminated employment); or
- Your spouse/domestic partner reaches age 65 or becomes otherwise eligible for Medicare; or
- Your dependent child turns age 24 (See above for special rules regarding disabled children.)

## Eligibility for HRA Participation

Besides meeting the applicable eligibility requirements described above, to be eligible to participate in the Health Reimbursement Account (HRA), you and your dependents **must purchase a qualified individual or family medical plan from Healthcare.gov or applicable state-based exchange.**

U.S. PRE-65 RETIREE HEALTH CARE BENEFITS BOOK  
Effective: January 1, 2017

For HRA participation, you and your dependents are eligible as of the first day of the month after your active Motorola Solutions health care coverage ends.

## Who's Not Eligible

The following are not eligible to participate in the pre-65 health care benefit program:

- You, if you do not meet the Plan's eligibility requirements or you are not eligible for the company's subsidy;
- A retiree who is age 65 or older or who is eligible for Medicare;
- A pre-65 retiree who has not purchased qualifying medical coverage;
- A retiree who is not eligible for retiree coverage;
- You, if you move outside of the U.S. and do not maintain a U.S. address

If your dependent is eligible in a "Split Family" situation, you will not receive benefit credits for any of the following dependents:

- In a split family situation, where the primary retiree is pre65 and the "eligible" spouse is post 65, the post 65 spouse will be HRA eligible and receive an HRA allocation, provided the primary remains eligible and the spouse enrolls in medical coverage through Aptia.
- A dependent who was not covered as your dependent at the time you terminated your employment with Motorola Solutions;
- A Medicare eligible dependent who has not purchased an individual Medicare health plan through Aptia365
- A dependent who does not meet the Plan's eligibility requirements;
- A dependent child aged 24 or older. (You may, however, use your HRA for reimbursement of your dependent children's eligible health care expenses until the child turns age 26.)

## Plan Ahead!

You should contact Aptia365 about the enrollment process approximately **two months** before you plan to retire. An Aptia365 benefit counselor can help you identify and evaluate coverage options, answer your questions, and assist you with the reimbursement process from your HRA.

Qualifying medical coverage under the individual or family plan you elect must become effective within 60 days of the date you first become eligible for the HRA. If coverage becomes effective after the 60-day window, you are not eligible for the HRA except in the following cases:

- You continued your medical coverage through MSI COBRA and enrolled in a qualifying plan either during the annual enrollment period following your retirement (generally between November 1<sup>st</sup> to December 15<sup>th</sup>) or within 60 days of when your COBRA was exhausted (generally after 18 months of COBRA coverage).

This also applies to MSI-subsidized COBRA during a voluntary or involuntary severance period.

- You are on Medicaid, Tricare, or taking the tax credit instead of the MSI HRA. You may still receive the HRA in future years, as long as you enroll at the time you are first eligible for retiree benefits and Aptia365 approves the enrollment.

You and your dependents under age 65 may each enroll in separate medical plans or you can enroll in a family plan. When you enroll, an HRA will automatically be set up in your name for reimbursement of health care premiums and other eligible health care expenses.

## Split Family

A “split family” situation is one in which one family member is Medicare-eligible due to reaching age 65 or becoming otherwise eligible for Medicare and the other family members are under age 65 and not otherwise eligible for Medicare.

*If you reach age 65 or become Medicare eligible before your spouse/domestic partner*, you must purchase a Medicare Supplement Plan or Medicare Advantage Plan through Aptia365. Once you enroll for medical coverage through Aptia365, the applicable benefit credits will be added to your existing HRA. Your pre-65 spouse/domestic partner and your eligible dependent children may remain enrolled in qualifying pre-65 health. Failure to enroll in an individual Medicare health plan through Aptia365 within 60 days of your Medicare effective date will end HRA eligibility for all household members.

*If your spouse/domestic partner reaches age 65 or becomes Medicare eligible before you*: If you are not age 65, but your eligible spouse/domestic partner is age 65 or over or becomes Medicare eligible, they must enroll in a Medicare Supplement Plan or Medicare Advantage Plan through Aptia365 within 60 days of their Medicare effective date to remain eligible for the HRA. Once your dependent enrolls for medical coverage through Aptia365, the applicable benefit credits will be added to their existing HRA.

See the separate Medicare *Retiree Health Care Benefits Book* for more details about post-65 or Medicare eligible retiree benefits. You may view or download a copy of the book from the retiree section of the benefits website at <http://benefits.motorolasolutions.com> .

## 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 and are eligible for and enrolled in a qualifying medical plan.

## When Participation Begins

You and your dependents become participants in the HRA on the first day of the month after you:

- Terminate employment after meeting the retiree eligibility rules; and
- Lose eligibility and/or coverage through the active Motorola Solutions health plans; and
- Purchase qualifying medical coverage.

# When Participation in the HRA Ends

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

- The date you are no longer enrolled in qualifying medical coverage, including your death, except as noted in the “Plan Ahead” section on page 6;
- The date a Medicare eligible retiree or eligible dependent fails to maintain their individual Medicare health plan coverage through Aptia365.
- The date you are covered by another employers group health plan.
- The date you are rehired as an active employee of Motorola Solutions.
- 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, the HRA in your name will change to your surviving spouse's/domestic partner's name (or oldest child's if you don't have an eligible spouse/domestic partner), as long as they are under age 65 and eligible for the HRA. In addition, your dependent(s) will continue to receive benefit credits to the HRA, as long as they remain eligible for the HRA.

When your spouse/domestic partner turns age 65 or otherwise becomes eligible for Medicare, they may become eligible for the post-65 HRA benefit credits by enrolling in a Medicare Supplement or Medicare Advantage coverage through Aptia365 within 60 days after they become eligible for Medicare.

### 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 Dependents

If you are participating in the HRA upon your death and you don't have any surviving eligible dependents, 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 qualifying medical plan, you may submit claims for up to 180 days after your HRA participation ends. In this case, no additional contributions will be made to your HRA until your subsequent retirement and participation starts again

## Spouse/Domestic Partner/Children

A dependent's Health Reimbursement Account (HRA) participation ends on the earliest of the following dates:

- The date they are no longer enrolled in qualifying medical coverage, including death;
- The date the former employee is no longer enrolled in qualifying medical coverage, except in the case of death;
- In the case of a spouse/domestic partner, the date you divorce or end your domestic partnership;
- The date they commit fraud or misrepresentation on the Plan;
- The date the HRA is amended, resulting in the dependent's ineligibility for HRA participation; or
- The date the HRA is terminated.

#### DEADLINE FOR FILING CLAIMS FOLLOWING YOUR DEPENDENT'S DEATH

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

## Divorce/End of Domestic Partnership

Your ex-spouse/domestic partner is not eligible to continue to receive HRA benefit credits from Motorola Solutions.

You must notify the Motorola Solutions Employee Service Center at Aptia365 within 31 days of the date of your divorce or the date your domestic partnership ends.

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

## Continuing HRA Coverage under COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") is a federal law that gives your spouse/domestic partner and children the right to temporary continuation of HRA coverage. If your spouse/domestic partner or child incurs an event known as a "qualifying event" (defined below), and if you (or your surviving spouse/domestic partner and/or child) 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 their 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 their HRA coverage.

Coverage under the HRA is different from the benefit credits offered by Motorola Solutions. An individual's "coverage" under the HRA terminates when the HRA is no longer permitted to reimburse that person's expenses under tax law. So, for purposes of the HRA, a qualifying event includes the following:

- A spouse's divorce from a retiree who participates in the HRA;
- The termination of a domestic partnership that causes the domestic partner to lose status as the retiree's tax dependent;
- A child turning age 26.

In the case of any of these qualifying events, you must notify Aptia 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 qualified beneficiary's right to elect continuation coverage is sent to them.

Failure to timely elect COBRA coverage will result in the qualified beneficiary's loss of coverage under the HRA effective as of the qualifying event.

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. The COBRA contribution amounts will be communicated at the time of the qualified beneficiary's election.

The first COBRA payment (due within 45 days of your election) must include the COBRA contribution for the entire period from the date continuation coverage began through the month of the payment. Subsequent contributions are due on the first of the month, whether or not the qualified beneficiary receives a bill. If monthly contribution is not received within 30 days of the due date, continuation coverage is cancelled as of the last day of the month in which the qualified beneficiary paid a contribution.

Continuation coverage for a 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

This 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 Aptia365 website at <https://retiree.aptia365.com/MSI>.

### QUICK CONTACT INFO

#### RETIREE HEALTH CARE PLANS:

##### U.S. Retiree Healthcare Website

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

##### Motorola Solutions Retiree Service Center

(844) 851-5426

<http://retiree.aptia365.com/MSI>

## 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 active employee Plan. Participation in the HRA means that an HRA is set up in your name and funded with contributions (“benefit credits”) from Motorola Solutions.

As discussed earlier in this Benefits Book, participation is limited to retirees who meet 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 qualified medical coverage and other eligible health care expenses. (See “Contribution Information” below.) Please note that you cannot make your own contributions to the HRA. Under federal tax law, an HRA can be funded only through contributions from Motorola Solutions.

U.S. PRE-65 RETIREE HEALTH CARE BENEFITS BOOK  
Effective: January 1, 2017

As explained later in this SPD, you and your dependents do not have a vested right to the amounts in the HRA. The HRA is not a formal trust account; it is merely a bookkeeping account in the general assets of Motorola Solutions.

## 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. ***This has important implications if you are in a domestic partnership. If your domestic partner does not qualify as your “tax dependent,” you will not be able to reimburse his or her medical expenses from your HRA.*** Consult your tax adviser to determine whether an individual qualifies as your dependent for tax purposes.

## Contribution Information

### Health Reimbursement Account Contributions

If you meet the eligibility criteria, 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:

- Whether you met the Plan’s eligibility requirements;
- Whether you elect qualifying medical coverage; and
- Whether your spouse/domestic partner or children (if any) are covered by qualifying medical coverage.

The charts below explain the benefit credits available to you.

Family Eligibility	Motorola Solutions’ annual HRA contribution (benefit credits)
One or more person(s) enrolled for medical coverage under age 65 and not Medicare-eligible*	\$3,500

\* If “split family” where one or more eligible family members are age 65 or more or otherwise Medicare-eligible, they will receive the applicable post-65 HRA/Medicare contribution.

Motorola Solutions will review the amount of benefit credits allocated to the HRA each year and may adjust the amount from time to time.
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### If You Become Eligible for the HRA during the Year

If you (and your dependent(s)) become eligible to enroll 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

**U.S. PRE-65 RETIREE HEALTH CARE BENEFITS BOOK**  
Effective: January 1, 2017

eligible at any time during the year other than January 1, the prorated amount will be based on the month in which you become eligible.

If you disagree with the amount in your HRA, contact Aptia365 at (844) 851-5426

## 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 January 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 dependents become participants in the HRA.

## Account Reminders

Once a year at annual enrollment, you will receive a letter which confirms the annual funding made to your account.

You can obtain your available balance and reimbursement history at any time on the Aptia365 website at <http://retiree.aptia365.com/MSI>. You can also call Aptia365 at (844) 851-5426. Benefit advisers are available between 7 a.m. and 4:30 p.m. Central time, Monday through Friday.

## 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. For example, if you attempt to reimburse expenses for an individual who is not your tax dependent, you will be taxed on those reimbursements.

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

## 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);

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

- 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.

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 adviser. This publication is available by calling 1-800-TAX-FORM (1-800-829-3676). You can also access IRS Publication 502 by visiting the IRS website at [www.irs.gov/pub502](http://www.irs.gov/pub502).

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 Aptia365 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;

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\*\*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.

- Radial keratotomy;
- Smoking cessation drugs that require a prescription and programs to stop smoking;
- Vaccines;
- Vision care; and
- Wheelchairs.

**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).

The 180-day deadline doesn't apply as long you remain eligible to receive a Motorola Solutions contribution to your HRA. **Expenses must be submitted by March 31<sup>st</sup> of the year following that in which they were incurred, however.**

### How to Get Expenses Reimbursed

Aptia365 administers the HRA for Motorola Solutions and processes your reimbursements.

### 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).

You can establish direct deposit by using the Aptia365 website to log into your online HRA portal account.

### Filing a Claim for Reimbursement

If you (or your dependent) 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 flexible 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 Aptia365 HRA claim form either by mail, by fax or online. If you are unable to submit your claims via your HRA portal account, contact the Motorola Solutions Retiree Service Center to request a paper claim form.

## Information Required When Filing a Claim for Reimbursement

If you file a claim for reimbursement, you must do so, online or 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 description of services rendered
- 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;
- Service Provider
- 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 Aptia365, a receipt showing you made the payment.

Aptia365 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 Aptia365 at:

Aptia365 Retiree  
Claims Department  
P.O. Box 424  
Escondido, CA 92033

or online at <http://retiree.aptia365/MSI>.

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## Receiving Reimbursements

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

## Timing of Reimbursement

Once Aptia365 receives your claim and related receipts, your claim generally will be adjudicated within three to five business days. Claims approved for payment by end of business Thursday will be paid the following week. Retirees who receive reimbursement via direct deposit will see funds posted to their bank account before the end of the following week. Retirees who receive reimbursement payments via paper check should allow an additional few 7 to 10 days for delivery via the United States Postal Service. Timing of payment processing can vary during holiday weeks.

Once your claim is approved, you will receive a payment (no minimum reimbursement applies). Visit the Aptia365 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 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 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 Aptia365 and/or participation in the HRA	Aptia365 Appeals PO Box 1440Des Moines, IA 50306 Fax: (857) 362-2999 Online: <a href="http://retiree.Aptia365.com/MSI">http://retiree.Aptia365.com/MSI</a>	Motorola Solutions Benefits Review Committee 500 W Monroe St Chicago, IL 60661 Email: MSIHRNA@motorolasolutions.com

Deadline for submitting written request for review	180 days from notification of denial
Date for final decision on appeal	Decision will be made within 30 days of receipt of your written appeal
Date for filing suit in federal court	180 days after final denial of appeal

# GENERAL ADMINISTRATION

## Plan Information

<b>Plan Name</b>	Motorola Solutions Post-Employment Health Benefits Plan
<b>Plan Number</b>	580
<b>Plan Administrator</b>	Motorola Solutions, Inc. 500 W Monroe St Chicago, IL 60661 Tax ID Number: 36-1115800
<b>Agent for Legal Process</b>	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 .
<b>Type of Benefits</b>	The Plan is an employee welfare benefit plan that provides a health reimbursement arrangement.
<b>Plan Year</b>	January 1 – December 31
<b>Funding</b>	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

Pre-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 Aptia365 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://retiree.aptia365.com/MSI> or call Aptia365 at 844-851-5426.

## ERISA Rights

As a Plan participant, you're entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that you're 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, you may be able to 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.
- There may be 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 Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, 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 Medicare eligibility and how many eligible dependents enroll in qualifying coverage through Aptia365.

### 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. The Claims Administrator is Aptia365.

### 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

U.S. PRE-65 RETIREE HEALTH CARE BENEFITS BOOK  
Effective: January 1, 2017

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 is 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 a HRA has been established. A “participant” is:

- A retiree or dependent who meets the HRA participation eligibility requirements; or
- A retiree’s surviving spouse/domestic partner who 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.

## Aptia365

A third-party health care coordinator that offers phone support and enrollment services at no additional cost to retirees to help you select health care insurance plans that best meet your needs.

Aptia365 is not affiliated with the federal and state exchanges or marketplaces, nor is Aptia365 affiliated with Motorola Solutions.

## Contact Information

### HRA

Plan/Program	Telephone/fax numbers	Web and mailing address
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<b>Aptia365</b> <ul style="list-style-type: none"> <li>• Health Reimbursement Account (HRA)</li> <li>• </li> </ul>	<b>Telephone:</b> (844) 851-5426 <b>TTY:</b> (800) 695-1317 <b>Fax:</b> 844-791-8319	<b>Online:</b> <a href="http://retiree.Aptia365.com/MSI">http://retiree.Aptia365.com/MSI</a> <b>Mail:</b> Aptia365 Retiree Claims Department P.O. Box 424 Escondido, CA 92033



**U.S. Pre-65 Retiree Health Care Benefits Book**

Effective January 1, 2017

4/1/2025 Version

**Motorola Solutions, Inc.**

500 W Monroe St

Chicago, IL 60661 U.S.A.

(847) 576-5000

**[www.motorolasolutions.com](http://www.motorolasolutions.com)**

Equal Opportunity/Affirmative Action Employer

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Effective: January 1, 2017

4/1/2025version