

### **MEDICAL OPTIONS**

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

- You'll default to No Coverage unless you elect a medical option or opt out of coverage and certify that you have other medical coverage.
- You have several coverage levels to choose from:
  - o Bronze: a basic, high-deductible plan with a Health Savings Account and prescription drug coinsurance.
  - **Bronze Plus:** a high-deductible plan with a Health Savings Account and prescription drug coinsurance with slightly more coverage than the Bronze level.
  - Silver: a preferred provider organization (PPO) plan with prescription drug copays.
  - **Gold:** a PPO plan with more coverage than the Silver level and prescription drug copays.
- Each coverage level is available from multiple insurance companies at different costs. When you enroll, you'll be able to compare benefits and features across the different plan provider options.
- While your specific options vary based on where you live, the health insurance companies include Aetna, Blue Cross and Blue Shield of Illinois, Cigna, Dean / Prevea360, Geisinger, Health Net, Kaiser Permanente, UnitedHealthcare, and UPMC Health Plan.

Health Savings Account	Must elect separately — see <b>Spending Account</b> section below for details.
Prescription Drug Coverage	<ul> <li>Prescription drug coverage depends on your medical coverage level</li> <li>Bronze and Bronze Plus plans — you'll pay the full cost of prescription drugs until you reach your deductible. Then, you'll pay 20 percent of the cost of the prescriptions.</li> <li>Silver and Gold coverage — you'll pay a flat copay for prescriptions.</li> </ul>

#### **DENTAL PLAN**

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

- If you waive coverage, you can elect coverage only during the next annual enrollment period.
- You have several coverage levels to choose from:
  - **Bronze:** A basic PPO plan that covers in- and out-of-network care (you'll receive a discounted rate with in-network providers), but does not cover major or orthodontic expenses.
  - Silver: An upgrade to the basic PPO plan that covers in- and out-of-network care (you'll receive a discounted rate with in-network providers), including coverage for major services and orthodontic expenses for children up to 19 years old.
  - Gold: An enhanced PPO plan that covers in- and out-of-network care (you'll receive a discounted rate with in-network providers), including coverage for major services and orthodontic expenses for children and adults.
  - Platinum: A dental HMO plan that covers in-network care only, including orthodontic expenses for children and adults (not available in North Dakota and some other limited areas).
- Each coverage level is available from different insurance companies at different costs. When you enroll, you'll be able to compare benefits and features across your dental options.
- While your specific options vary based on where you live, the dental insurance companies include Aetna, Cigna, Delta Dental of IL, MetLife and UnitedHealthcare.

To learn how the exchange works, with videos and a preview of your medical, dental and vision options, go to the Make It Yours website at <a href="https://motorolasolutions.makeityoursource.com">https://motorolasolutions.makeityoursource.com</a>.

You can compare the costs of your medical options using an interactive pricing tool at <u>www.makeityoursource.com/compareprices/msi</u>, and use access code Medical2018 This summary represents general information regarding the Plans and policy provisions available at Motorola Solution

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#### **VISION CARE PROGRAM**

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

- If you waive coverage, you can elect coverage only during the next annual enrollment period.
- You'll be able to choose from EyeMed, MetLife, UnitedHealthcare and VSP.
- You have several coverage levels to choose from, including:
  - o Bronze: Exam-only option that provides in-network discounts for materials (e.g., lenses, frames, contacts).
  - **Silver:** A PPO plan that covers in-network and, for certain services, out-of-network care. Also includes in-network discounts for materials (e.g., lenses, frames, contacts).
  - **Gold:** An enhanced PPO plan that covers in-network and, for certain services, out-of-network care. Also includes innetwork discounts for materials (e.g., lenses, frames, contacts).

SPENDING ACCOUNTS	PLAN PROVISIONS
Health Savings Account (HSA) (for Bronze and Bronze Plus members)	<ul> <li>Maximum annual contributions are \$3,450 single / \$6,900 family.</li> <li>If you're age 55 or older (or will turn age 55 during the plan year), you can also contribute an additional \$1,000 catch-up contribution.</li> <li>See Publication 502 at <u>www.irs.gov</u> for a complete list of eligible expenses.</li> </ul>
Health Care Flexible Spending Account (FSA)	<ul> <li>You may contribute up to \$2,600 (minimum annual contribution of \$60).</li> <li>Your FSA is limited to eligible dental and vision expenses only ("Limited Purpose FSA") if you enroll in a Bronze or Bronze Plus medical plan.</li> <li>Note: Your annual contribution will be deducted in full by Dec. 31 regardless of the month you're hired and make your election.</li> </ul>
Dependent Care Account (DCA)	<ul> <li>You may contribute up to \$5,000 per year or up to \$2,500 if you're married and don't file jointly (minimum annual contribution is \$600).</li> <li>Your annual contribution will be prorated based on the number of pay periods remaining in the year after you're hired.</li> </ul>

PLAN PROVISIONS
sic Life Coverage options:* \$50,000. 1x your eligible compensation, rounded up to the next \$100. ximum \$3,000,000, combined with your Supplemental Life Insurance coverage. <i>Sou don't elect coverage, you'll be automatically enrolled at 1x your eligible compensation.</i> Scidental Death and Dismemberment: Principal Sum — 1x your eligible compensation, rounded up to the next \$100. Siness Travel Accident:

LIFE INSURANCE	PLAN PROVISIONS		
Supplemental Life Insurance Paid by you with after-tax dollars to MetLife. If you don't elect coverage within 31 days of your hire date, you must apply and be approved for coverage. The same is true for increases to your coverage.	Coverage options: 1x to 10x your eligible compensation, rounded up to nearest \$100. Maximum \$3,000,000 when combined with your Basic Life Insurance coverage.		
Dependent Life Insurance (spouse/domestic partner and/or children) Only available if you also elect Supplemental Life Insurance. For spouse/domestic partner coverage, if you don't elect coverage within 31 days of your hire date, you must apply and your spouse/domestic partner must be approved for coverage. The same is true for increases to this coverage.	Spouse/domestic partner coverage options (your monthly cost per \$1,000 of coverage is the same as your cost for Supplemental Life Insurance noted above based on age): <ul> <li>\$5,000</li> <li>\$100,000</li> <li>\$100,000</li> <li>\$150,000</li> <li>Note: Coverage cannot exceed 100% of your</li> <li>\$25,000</li> <li>\$200,000</li> <li>coverage for Basic and Supplemental Life.</li> </ul> <li>\$50,000</li> <li>Coverage per child options (coverage applies to all children): <ul> <li>\$2,500</li> <li>\$5,000</li> <li>\$100,000</li> <li>\$100,000</li> <li>\$100,000</li> <li>\$25,000</li> </ul> </li>		

DISABILITY	PLAN AND POLICY PROVISIONS	
<b>Short-Term Disability</b> Paid by the company.	You must be actively at work for 90 consecutive calendar days to become eligible, then you're eligible to receive the following if you're injured or ill after a seven-day waiting period (day one for accidents):	
	• 75% of your base salary for the first 90 calendar days.	
	• 60% of your base salary for the next 90 calendar days.	
Short-Term Disability Buy-Up Paid by you with after-tax dollars.	<ul> <li>If you enroll, you may increase the Short-Term Disability benefit you're eligible to receive by 15%. Your cost is \$0.10/\$100 of coverage per pay period.</li> </ul>	
	<ul> <li>If you don't elect when you're hired, you may only elect coverage or end your coverage during the next annual enrollment period.</li> </ul>	
Long-Term Disability	After 180 days of disability, you receive 60% of base salary up to \$10,000 per month.	
Paid by the company.	(Voluntary Supplemental LTD coverage is available if your annual salary is \$150,000 or more. Contact Aon Hewitt's Executive Benefits group at <b>(877) 236-3073</b> for more information and to enroll.)	

401(k) PLAN		PLAN PROVISIONS
You'll automatically be enrolled with a 5% pre-tax contribution and your account will be invested in the target date retirement fund most appropriate for your age, unless you make a different	•	Pre-tax and/or Roth after-tax contributions of 1% – 75% of pay up to IRS maximum (\$18,500 in 2018).
	•	Company contributions are immediately vested.
		<ul> <li>Fixed match: \$1/\$1 on first 4% of your pre-tax and/or Roth after-tax contributions.</li> <li>Discretionary match: potential additional company match on first 4% of your pretax contributions based on company performance.</li> </ul>
election after your hire date.	•	Additional after-tax contributions of 1% – 10% of pay.
	•	Catch-up contributions for participants age 50 or older (\$6,000 in 2018).
	•	Numerous investment options including target date retirement funds.
	•	Rollovers accepted.
	•	Up to two loans and various withdrawals are available.
	•	Distribution options:
		<ul> <li>Lump-sum cash distribution.</li> <li>Direct rollover.</li> <li>Partial distribution.</li> <li>Income+ program monthly payments (if you're age 55 or older; you'll automatically be enrolled in this program at age 60, unless you opt out).</li> <li>Combination.</li> </ul>

OTHER PROGRAMS	GENERAL PROVISIONS
SupportLinc Employee Assistance Program	You and your eligible family members have up to five telephonic counseling sessions per year, up to 30 minutes of legal counseling, dependent care and other work-life balance services.
Adoption Assistance Program	Financial assistance for expenses associated with adopting a child. Up to \$8,000 for eligible adoption expenses.
PerkSpot Employee Discount Program	PerkSpot is an easy-to-use resource for discounts on electronics, apparel, travel, automotive, sports and recreation and much more. To get started, log on and register with PerkSpot at <u>www.perkspot.com</u> .
<b>Commuter Benefits</b> Available through Your Spending Account (YSA)	You can purchase public transportation and/or parking garage vouchers with pretax dollars, up to a monthly maximum of \$260 for transit and \$260 for parking. You must place your order by the 10th day of each month to receive tickets, passes or vouchers for the next month. To purchase vouchers online, visit the Your Benefits Resources website at <u>my.mot-</u> <u>solutions.com/go/ybr</u> using your core ID and web applications password.
Long-Term Care Insurance Available through LifeSecure Insurance Company	Our Long Term Care provider, LifeSecure, is temporarily suspending new sales of their current product offering effective December 1, 2017. They'll be introducing a new product in Q1 2018 and we'll be sure to share information with you at that time.

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POLICIES	POLICY PROVISIONS
Holidays	Nine holidays.
Paid Time Off (PTO)	Your PTO hours may be used for vacation, personal or family illness (including the unpaid waiting period for short-term disability), personal business, family matters and religious observance.
	Years of ServicePotential Annual Accrual0 < 8
	Our PTO year is from Feb. 1 through Jan. 31. As of each Feb. 1, unused PTO up to a maximum of 40 hours will carry over and amounts over 40 hours will be forfeited.
	<b>Note:</b> California employees: Once your PTO accrual reaches 1.5 times your Potential Annual Accrual (above), you will not accrue additional PTO until your accrual decreases below the cap.
Educational Assistance	After one year of service, you may pursue further education consistent with your employment at Motorola Solutions with approval from your manager before starting any courses.
	• You may be reimbursed up to \$7,500 per year for covered expenses. Any reimbursement above \$5,250 annually will be taxed in the year in which the reimbursements are paid.

There are many other policies for situations such as bereavement, civic duty, family leave, medical leave and parental leave, as well as for drug-free and smoke-free workplace, flexible work options, senior service and more.

INCENTIVE / EQUITY PLANS	GENERAL PROVISIONS		
Annual Incentive Plan (AIP)	Annual cash payment, if any, is based on a target percentage of your annual eligible earnings, company performance and your personal performance.		
Equity Plans	Stock options and/or Restricted Stock Units (RSUs) are granted at the discretion of your business group or management based on performance.		
	<ul> <li>E* TRADE equity accounts are accessible at <u>www.etrade.com/stockplans</u>, or contact E* TRADE at (800) 838-0908 with questions.</li> </ul>		
Employee Stock Purchase Plan (ESPP)	You can elect to contribute, through payroll deductions, 1% to 20% of your eligible monthly pay to purchase shares of Motorola Solutions common stock at a discounted price.		
	• The purchase price of each share will be 85% of the lower of:		
	(a) The closing price of Motorola Solutions common stock on the first trading day of the offering period, or		
	(b) The closing price on the last trading day of the offering period.		
	• Two six-month offering periods (April – September and October – March).		
	ESPP accounts are accessible online at <u>www.etrade.com/stockplans</u> , or contact E* TRADE at <b>(800) 838-0908</b> with questions.		