

2012
September

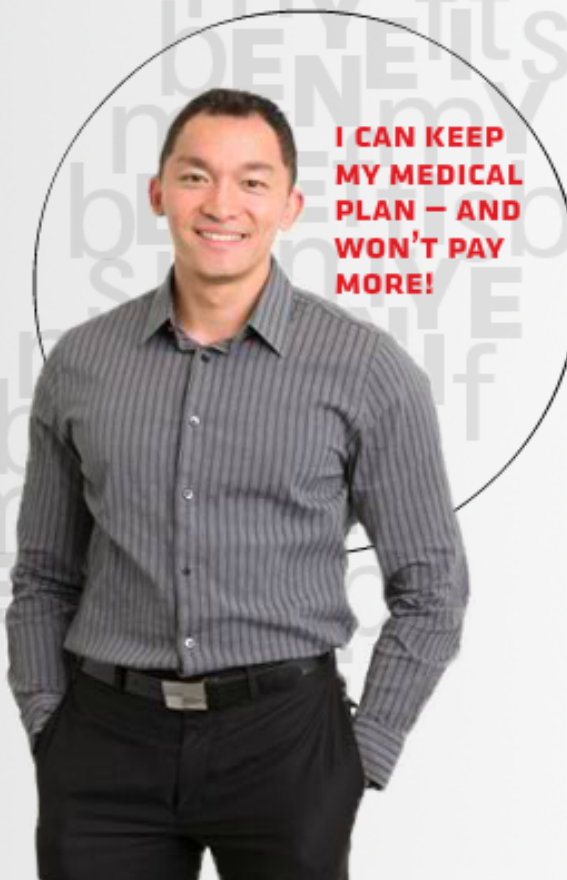
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Same
plans
you know
today

**2013 ANNUAL
ENROLLMENT:
1 – 16 OCTOBER**



Your
Action Needed



**I CAN KEEP
MY MEDICAL
PLAN – AND
WON'T PAY
MORE!**

Welcome to annual
enrollment — a message
from Scott Sullivan

Learn about changes,
enhancements and
important things to know

Understand your **options**

Make your choices

Enroll **1 – 16 October**

Commit to your **health**
year-round



MOTOROLA MOBILITY

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Welcome to annual enrollment — a message from Scott Sullivan

We have experienced a lot of change at Motorola Mobility over the past year, and teams have been working hard to ensure we continue to develop innovative products and to serve our customers well. As we look to the year ahead, we also want to continue to provide competitive benefits with comprehensive coverage to our employees and their families.

I'm pleased to say that for 2013, you'll see very few changes to our benefits plans, including *no changes to your medical plan choices and no increases to your medical, dental and vision plan contributions!* There are also a few enhancements, deepening the support that our programs provide to families. The same high-value plans you're already familiar with will remain available in 2013, giving you the flexibility to choose what's best for you. That said, it's still a good idea — this year and every year — to re-evaluate your health care needs, talk them over with your spouse/domestic partner and decide if you want to make any adjustments.

Enrollment for 2013 benefits starts 1 October and ends 16 October.

Same health and welfare plans available in 2013!

- Medical Plans — High deductible, PPO and EPO plans
- Dental
- Vision Eyewear
- Spending accounts — new administrator for 2013
- Life insurance
- Disability insurance — new provider for 2013
- Critical Illness Plan
- Legal Assistance Plan
- Voluntary benefits — such as home/auto and pet insurance

Don't pay more for your medical plan contributions

Remember, you have until **31 October** to complete your biometric health screening and the Health Risk Questionnaire (HRQ). If you don't take action by this date, you won't receive the discounted 2013 medical plan contribution rate. [See the article on the LIVESMART hub for more information.](#)

Wishing you a healthy year ahead,

A handwritten signature in black ink, appearing to read "Scott Sullivan", with a long horizontal flourish extending to the right.

Scott Sullivan
Senior Vice President
People Operations
Motorola Mobility

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Learn about changes, enhancements and important things to know



▼ Changes that will take effect on 1 January 2013

Medical plans

▼ Health Investment Plan

The IRS has raised the minimum annual deductible and out-of-pocket maximum for high-deductible health plans in 2013. Therefore, the Health Investment Plan will change as follows:

- Annual deductible:
 - Single coverage: \$1,250 network/\$2,500 non-network
 - Family coverage: \$2,500 network/\$5,000 non-network
- Out-of-pocket maximum:
 - Single coverage: \$2,500 network/\$7,000 non-network (no change to non-network)
 - Family coverage: \$5,000 network/\$14,000 non-network (no change to non-network)

▼ Health Savings Account contributions

The Internal Revenue Service will increase the amount that can be contributed to a Health Savings Account (if you're enrolled in the Health Investment Plan) for 2013. The total contribution allowed (by you and Motorola Mobility combined) will be \$3,250 for single coverage, and \$6,450 for all other coverage levels. You may also contribute an additional \$1,000 if you're age 55 or older or will turn age 55 in 2013.

Spending accounts

▼ Health Care Flexible Spending Account (FSA) limit

In accordance with health care reform legislation, the Health Care FSA limit is **decreasing to \$2,500** (from \$5,000) per year. (The 2013 maximum contribution for the Dependent Care Account (DCA) remains at \$5,000, or \$2,500 if married and not filing jointly.)

▼ New administrator

Motorola Mobility's spending accounts administrator is changing from SHPS to Acclaris. If you participate in the Health Care FSA and/or the DCA, watch for additional information (and a new debit card for the Health Care FSA) in December.

Life and disability insurance

▼ Dependent Life Insurance

Additional coverage levels for your spouse/domestic partner and child(ren) will be available for 2013. If you currently have Dependent Life Insurance for your spouse/domestic partner, you may increase your coverage by one level *without* evidence of insurability during annual enrollment. Evidence of insurability is not required for Child Life Insurance.

- Spouse/Domestic Partner Life Insurance: Additional coverage levels of \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000, and \$100,000 (not to exceed 100 percent of the employee's insured amount)
- Child Life Insurance: Additional coverage level of \$25,000

Beginning in 2013, rates for Spouse/Domestic Partner Life Insurance will be based on *your* age and the amount of coverage you elect (as opposed to the 2012 flat-rate structure). The flat monthly rate for Child Life Insurance will change to a cost of \$0.087 per \$1,000 of coverage.

▼ Disability insurance

Motorola Mobility's disability vendor will change from Unum to MetLife in 2013. Watch for additional information later this year.

▼ Additional things to know

▼ Same-sex domestic partner tax changes

If you cover a same-sex domestic partner under Motorola Mobility's benefit plans and your partner does not qualify under Section 152 of the Internal Revenue Code, Motorola Mobility will gross up your salary for the value of this insurance starting 1 October 2012 to cover your federal, state and FICA taxes. This gross up won't impact the value of your net pay, but your pay stub and W-2 will reflect an increase in your gross wage to cover your "imputed income" (or the value of your health care coverage that Motorola Mobility must include in your reportable income). Please see the U.S. Benefits Book for additional information on [domestic partner eligibility requirements](#) and the [taxation of dependent coverage](#). Watch for more information coming soon.

▼ Paid maternity enhancements

Beginning 1 October 2012, Motorola Mobility will enhance maternity benefits. With this enhancement, effective the date of your delivery, the Short-Term Disability (STD) benefits will pay you an equivalent of 100 percent of your eligible salary (for six weeks if you have a normal delivery or eight weeks if you have a C-section). The first week "elimination period" will no longer apply to maternity STD cases. Therefore, you won't have to use Paid Time Off (PTO) to compensate for that first week of lost income.

If your doctor requires you to be on STD sooner than your expected due date (or longer than the normal six- to eight-week recovery time) due to health-related circumstances, the time *prior* to your delivery date (or the time *after* your normal six- to eight-week recovery period) will be treated the same as any other STD event. That means you'll be paid at the 75-percent benefit level, and the STD Buy-Up benefit will be applied if you elected it.

If you choose to take additional time off beyond the six or eight weeks, you may take it as unpaid parental leave. Watch for more information coming soon.

▼ Preventive care enhancements for women

In accordance with health care reform legislation, Motorola Mobility's medical insurance plans will cover additional in-network preventive health care services for women at no cost to you. Services include screening and counseling for HIV and domestic violence; FDA-approved prescription contraceptives; breast-feeding support, supplies and counseling; screening for gestational diabetes; and sexually transmitted infection counseling.

▼ **Summaries of Benefits and Coverage (SBCs)**

New health care reform legislation requires that employers provide plan participants with standardized Summaries of Benefits and Coverage (SBCs). The SBCs show health plan design information, such as plan limits and costs for certain health services, in a consistent way across employers and plans. Access the SBCs on the [LIVESMART hub](#) and [BenefitsWeb](#), or request hard copies by calling the Rewards Administration Center (RAC) at 877-404-7108, option 2.

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Medical/behavioral health plans

For 2013, Motorola Mobility will continue to offer three medical/behavioral health plans:

- Health Investment Plan (HIP)
- Health Advantage Plan (HAP)
- Health Plus Plan (HPP)

Following are some key features of all three plans:

- Cover network preventive care at 100 percent
- Cover the same services and provide the same quality of care
- Use the Anthem Blue Cross Blue Shield National BlueCard PPO network
- Include coverage for office visits, hospitalization, surgery and prescription drugs (through Express Scripts)

The plans differ in the monthly contributions you pay and in how you and the plan share the cost for services.

2013 contribution rates

View [2013 monthly contribution rates](#) for all plans.

▼ Plans at a glance

	Health Investment Plan (HIP)	Health Advantage Plan (HAP)	Health Plus Plan (HPP)
Benefits	<ul style="list-style-type: none">• High-deductible health plan (HDHP)• Higher out-of-pocket costs in exchange for lower monthly contributions• Medications on HIP preventive drug list aren't subject to deductible	<ul style="list-style-type: none">• Traditional Preferred Provider Organization (PPO) plan• Lower out-of-pocket costs in exchange for higher monthly contributions	<ul style="list-style-type: none">• Similar to an HMO plan• Lowest out-of-pocket costs in exchange for highest monthly contributions

Spending Accounts	<ul style="list-style-type: none"> You can open a Health Savings Account (HSA) to help pay for qualified expenses <ul style="list-style-type: none"> You and Motorola Mobility contribute You can enroll in a limited-purpose Health Care Flexible Spending Account to help pay for qualified dental and vision expenses 	<ul style="list-style-type: none"> You can enroll in a Health Care Flexible Spending Account to help pay for qualified expenses 	<ul style="list-style-type: none"> You can enroll in a Health Care Flexible Spending Account to help pay for qualified expenses
Wellness Account	<ul style="list-style-type: none"> Motorola Mobility contributes extra to your HSA when you participate in the LIVESMART Challenge 	<ul style="list-style-type: none"> Motorola Mobility contributes to a Personal Health Account when you participate in the LIVESMART Challenge 	<ul style="list-style-type: none"> Motorola Mobility contributes to a Personal Health Account when you participate in the LIVESMART Challenge

In addition, a Health Maintenance Organization (HMO) may be available if you live in California. Refer to the [Health Plan Comparison Tool](#) on the LIVESMART hub to see if one is available to you (based on your home ZIP code).

▼ Comparing the three plans

The following costs are for **network** services. For non-network costs, as well as additional plan details, see the [Health Plan Comparison Tool](#).

	Health Investment Plan (HIP)	Health Advantage Plan (HAP)	Health Plus Plan (HPP)
Annual <u>Deductible</u>¹	<ul style="list-style-type: none"> \$1,250 single \$2,500 family 	<ul style="list-style-type: none"> \$500 single \$1,000 family 	None
<u>Coinsurance or copayments</u>	Covered at 90% — you pay 10%	Covered at 90% — you pay 10%	Copays range from \$20 to \$250 ³
Preventive care	Covered at 100% — you pay \$0	Covered at 100% — you pay \$0	Covered at 100% — you pay \$0
Office visit	You pay 10% ²	You pay 10% ²	You pay \$20

Emergency room	You pay 10% ²	You pay 10% ²	You pay \$100 (waived if admitted)
Urgent care	You pay 10% ²	You pay 10% ²	You pay \$50
<u>Out-of-pocket maximum¹</u>	<ul style="list-style-type: none"> • \$2,500 single • \$5,000 family 	<ul style="list-style-type: none"> • \$3,500 single • \$7,000 family 	<ul style="list-style-type: none"> • \$5,800⁴ single • \$11,600⁴ family
Motorola Mobility Health Savings Account contribution	<ul style="list-style-type: none"> • \$600 single • \$1,200 family <p>Additional contribution when you participate in the LIVESMART Challenge (up to \$200 maximum)</p>	Not applicable	Not applicable
Prescription drugs — retail			
Generic	You pay 10% ⁵ , up to \$30	You pay \$10	You pay \$10
Preferred brand	You pay 30% ⁵ , up to \$65	You pay 30%, up to \$65	You pay 30%, up to \$65
Non-preferred brand	You pay 50% ⁵ , up to \$90	You pay 50%, up to \$90	You pay 50%, up to \$90
Prescription drugs — mail order			
Generic	You pay 10% ⁵ , up to \$60	You pay \$20	You pay \$20
Preferred brand	You pay 25% ⁵ , up to \$130	You pay 25%, up to \$130	You pay 25%, up to \$130
Non-preferred brand	You pay 45% ⁵ , up to \$210	You pay 45%, up to \$210	You pay 45%, up to \$210

¹ The network and non-network annual deductibles and out-of-pocket maximum costs are separate and don't cross-reduce each other. See the [U.S. Benefits Book](#) for non-network details.

² After deductible.

³ Some services, such as durable medical equipment, have coinsurance in which you'll pay 20 percent of negotiated network fees when using a network provider.

⁴ The Health Plus Plan network out-of-pocket maximum only includes copays over \$100.

⁵ After deductible, except for medications on the preventive drug list — for those medications, there's no deductible.

View plan details on the go!

Did you know about the handy tool that lets you view plan details, such as those above, from your mobile device? The Health Plan Reference Tool — a website built specifically for your mobile device — reminds you of your health plan's features and coverage details. It's a quick and simple way to help you determine your out-of-pocket costs when you receive care. You simply select your medical plan, and can then pull up information such as your plan's deductible and coinsurance. You'll find the same information that's available in the Health Plan Comparison Tool — it's just formatted for viewing on the go. The tool currently reflects plan information for 2012, and will be updated early next year with information for 2013.

Ready to try it now? Go to motorola.com/benefitsatmmi/mobile from the browser on your mobile device.

▼ The Health Investment Plan — one plan, three great features

The Health Investment Plan is a great option for many employees. If you're not familiar with all of its advantages, take a look and see what it has to offer! You can learn more about all three plans (HIP, HAP, HPP) in the [U.S. Benefits Book](#).

▼ Comprehensive medical coverage

The HIP covers the same services as the HAP and HPP; offers the same network of doctors, hospitals and providers; and provides the same protection against health care costs. What's different is how you pay for your share of the cost — the HIP has a higher deductible than the other plans, but its lower out-of-pocket maximum protects you against high medical expenses. (Preventive medications aren't subject to the deductible.)

Depending on how often you need medical care, you could end up saving on your total costs for 2013 when you enroll in the HIP. Plus, when you choose to open a Health Savings Account (HSA), you get *triple tax savings and contributions from Motorola Mobility*.

▼ Health Savings Account

With the HIP, you can open and activate an HSA — giving you tax advantages *and* contributions from Motorola Mobility. When you enroll in this plan and open an HSA, both you and Motorola Mobility contribute money to the account.

	Single coverage	Family coverage
Motorola Mobility contributes	<ul style="list-style-type: none"> • \$600 per year • Additional amount if you earn incentives in the LIVESMART Challenge 	<ul style="list-style-type: none"> • \$1,200 per year • Additional amount if you earn incentives in the LIVESMART Challenge
You contribute	<ul style="list-style-type: none"> • Up to \$2,650 per year • Additional \$1,000 if you're age 55 or older or will turn age 55 in 2013 	<ul style="list-style-type: none"> • Up to \$5,250 per year • Additional \$1,000 if you're age 55 or older or will turn age 55 in 2013
Total 2013 contribution allowed by the IRS (yours and Motorola Mobility's combined)	<ul style="list-style-type: none"> • \$3,250 per year 	<ul style="list-style-type: none"> • \$6,450 per year

You make your contributions on a pretax basis, thereby reducing your taxable income. Additionally, the money you withdraw is not subject to taxes, as long as you use it to pay for eligible medical, dental and vision expenses. And any earnings on your HSA are tax-free (you can invest your savings when your account balance reaches \$1,500 or more through ACS|BNY Mellon's "Save Daily" portfolio). That's three great tax advantages in one single plan!

The money in your account is always yours to keep — you can use it now to pay for eligible expenses, or grow it for the future. It's available for health care expenses anytime you need it, regardless of whether you're still working at Motorola Mobility. Many people choose to use their HSA as a way to save for medical expenses they'll have in retirement.

You may change the amount of your HSA contribution at any time during the year.

▼ Flexibility of a debit card and online bill payment

A debit card and the online bill payment options make it convenient to use the money in your HSA when you need it (a checkbook is also available, if you prefer). When you enroll in the HIP and have a medical expense, you have two choices:

- Pay what is not covered by the plan out of pocket and keep the money in your HSA to grow over time; or
- Use the debit card, online bill payment feature or checkbook to pay for eligible expenses, including your deductible and coinsurance or copayments.

What are eligible expenses

The IRS defines which medical expenses may be paid for with tax-free dollars, like those in your HSA. Visit the [IRS website](#) and search for Publication 502 for a list of qualified expenses.

▼ A closer look at your prescription drug coverage

When you enroll in a medical plan, you automatically receive prescription drug coverage through Express Scripts. Motorola Mobility's prescription drug provider, Medco, merged with Express Scripts in April. All references to the Medco name and logo will change to Express Scripts. However, you should continue using your current Medco ID card and refill order forms. You should also keep going to the [Medco website](#), as you do today, to manage your prescription drugs, and calling the member services phone number found on your Medco ID card when you have a question or need help.

Your prescription drug benefits will remain the same as those you know today — you have the option of purchasing your prescription drugs at a retail store (up to a 30-day supply) or through mail order (up to a 90-day supply), but your costs will be less when you use the mail-order program — and your prescriptions will be conveniently delivered to your home. The mail-order program is particularly convenient for maintenance medications — those you take on an ongoing basis to treat chronic or long-term conditions (such as asthma, diabetes or coronary artery disease).

Find more tips for controlling your prescription drug costs on the [LIVESMART hub](#).

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What about your other benefits?

In addition to health care, you can purchase coverage for various other benefit plans during annual enrollment. View [2013 monthly contribution rates](#) for all plans.

▼ Dental

The dental plan remains unchanged from 2012. It covers a variety of services, including preventive and diagnostic procedures, restorative care, major services and orthodontia. Network coverage is through the MetLife Preferred Dentist Program Network, with preventive care — such as annual exams — covered at 100 percent. Compared to many other employers, Motorola Mobility's Dental Plan is particularly competitive because it covers major dental services at 80 percent — compared to an average of closer to 50 percent.

Following is an overview of network coverage:

<u>Deductible</u>	<ul style="list-style-type: none">• Single: \$50• Two persons: \$100• Family (three or more): \$150
Preventive and diagnostic coinsurance	You pay nothing
Other services <ul style="list-style-type: none">• Basic services (fillings, cleanings, etc.)• Major services (extraction, dentures, root canal, crown, etc.)	You pay 20 percent after deductible, up to annual maximum
Orthodontic services	You pay 20 percent after deductible, up to lifetime orthodontic maximum
Annual maximum	\$2,000 (combined with non-network care)
Lifetime orthodontic maximum	\$2,000 (combined with non-network care)

▼ **Vision Eyewear**

Vision coverage remains unchanged from 2012. When you enroll in an Anthem medical/behavioral health plan (Health Investment Plan, Health Advantage Plan, Health Plus Plan), your eye exams will be covered at 100 percent as part of your preventive medical care benefits (HMO participants will have a copayment for eye exams through their HMO plan). But you'll have to separately elect and pay for vision eyewear coverage for frames and lenses through the Vision Eyewear Plan. This plan is available for you and your dependents through age 25, *regardless of your medical plan election*, even if you elect the Kaiser HMO or opt out of medical coverage.

Anthem will provide coverage for the Vision Eyewear Plan through the Anthem Blue View Vision Select network. A large network of retail stores is available (including LensCrafters, For Eyes, JCPenney, Target and Sears Optical stores).

Following is an overview of network coverage:

<u>Deductible</u>	None
Eyeglass lenses (once per calendar year)	You pay \$30 copayment for plastic standard single, bifocal or trifocal lenses
Frames (once every two calendar years)	\$145 allowance; 20 percent discount off balance above \$145
Contact lenses	<ul style="list-style-type: none">• \$120 allowance; 15 percent discount off balance above \$120 for conventional lenses (disposable lenses not subject to additional discount)• Medically necessary lenses covered in full, with prior approval• Covers standard lens fitting fees up to \$55 (premium lens fitting fees receive additional 10 percent discount) <p>Contact lens allowance can be applied toward all purchases of contacts made during the benefit year. Any unused amount remaining can be used for subsequent lens purchases during the same calendar year.</p>

Eyeglass lens upgrades

- UV coating — you pay \$15
- Tint (solid and gradient) — you pay \$15
- Standard scratch-resistant — you pay \$15
- Standard polycarbonate — you pay \$40
- Transitions® lenses — you pay \$75
- Standard progressive lenses — you pay \$65
- Standard antireflective coating — you pay \$45
- Other add-ons and services — you receive 20 percent off of the retail price

▼ Spending accounts

Motorola Mobility continues to offer spending accounts to help you pay for eligible expenses. Money is deducted from your paycheck on a pretax basis, and you must use it by the end of the year. Taking advantage of these accounts will **save you tax dollars**, since you pay for eligible expenses with money that comes out of your paycheck *before* taxes are taken out.

- Health Care Flexible Spending Account (FSA)
 - Use it to pay for eligible medical¹, dental and vision expenses, such as your deductible, coinsurance and copayments, prescription drugs, orthodontics, and eye exams and glasses/lenses. (For a complete list of eligible expenses, visit the [IRS website](#) and search for Publication 502.)
 - **Change for 2013:** The IRS reduced the maximum allowable contribution to Health Care FSAs, effective 1 January 2013. You may contribute up to \$2,500 for the year.
 - Receive a convenient debit card to pay for your purchases.
- Dependent Care Account (DCA)
 - Use it to pay for eligible dependent care expenses, such as elder care and child care expenses — including day care, preschool and day camp fees. (See the [U.S. Benefits Book](#) for other types of eligible dependent care expenses.)
 - Contribute up to \$5,000 per year (\$2,500 if married and not filing jointly).

¹ If you're enrolled in the Health Investment Plan, you may use a limited-purpose FSA for eligible dental and vision expenses — because you already receive tax benefits from your Health Savings Account and can use that account to pay for medical expenses.

▼ Short-Term Disability Buy-Up

Motorola Mobility continues to provide short-term disability (STD) coverage at no cost to you; however, you can purchase an additional 15 percent of coverage if you choose. The 2013 contribution for this coverage remains at \$0.14 per \$100 of your eligible salary.

- The STD Buy-Up is optional, but you can only elect or cancel this coverage during annual enrollment.
- If you elect the STD Buy-Up for the first time during annual enrollment, your contributions will begin in January. However, there's a 90-day waiting period before this coverage begins.
- If you're not actively at work on 1 January 2013, your Buy-Up option will be void for the year.

How the STD Buy-Up works with the enhanced maternity benefit

The STD Buy-Up benefit won't apply to the standard six to eight weeks of STD during your normal recovery time after the date of your delivery. However, if your doctor requires you to be on STD sooner than your expected due date (or longer than the normal six- to eight-week recovery time) due to health-related circumstances, the time *prior* to your delivery date (or the time *after* your normal six- to eight-week recovery period) will be treated the same as any other STD event. That means you'll be paid at the 75 percent benefit level, and the STD Buy-Up benefit will be applied if you elected it. Watch for more information on this maternity leave enhancement — details coming soon.

▼ Critical Illness Plan

This coverage, available through MetLife, helps offset critical illness expenses that may not be reimbursed by other types of insurance.

- Covered conditions include certain cancer- and heart-related conditions, among others; however, you don't need to be disabled or terminally ill to receive the benefit.
- Covered expenses are not limited. The lump-sum payment can be used as you see fit, including non-network and experimental treatments, travel to and from treatment centers, and lost income.
- Coverage is available to you, your spouse/domestic partner and/or your child(ren).
- Coverage provides a \$15,000 benefit, for up to three categories of illness.

You may enroll (and disenroll) in this plan only during annual enrollment. The monthly rates vary, depending on your age.

For a complete list of covered conditions and rates, see the [MetLife Critical Illness Disclosure Statement](#).

▼ Legal Assistance Plan from MetLaw®

MetLaw provides access to a wide network of attorneys from Hyatt Legal Plans for a variety of covered services. The monthly cost is \$19.50. The program provides you with access to attorneys, available via telephone and through office consultations for an **unlimited** number of personal legal matters (excluding employment-related issues). Covered services include those such as:

- Wills, living wills and trusts
- Purchase, sale and refinancing of primary and vacation homes
- Adoption
- Identity theft defense
- Landlord/tenant problems (for the tenant only)
- Document preparation and review
- Traffic tickets and more!

You and your eligible, covered family members, if applicable, are eligible to use this program. You may enroll (and disenroll) only during annual enrollment, or as a new employee of Motorola Mobility.

For a complete list of legal services covered under this plan and to learn more, see the [MetLaw Summary of Benefits document](#) (58 KB, PDF).

▼ Onsite Wellness Center membership

Onsite Wellness Centers are available at some Motorola Mobility locations at no out-of-pocket cost to you. You can join an onsite Wellness Center at any time during the year; however, if you're currently a member and want to cancel your participation, you must do so during annual enrollment.

If an onsite Wellness Center isn't available at your location, or you prefer to use an external fitness center, Motorola Mobility will reimburse you up to \$240 per calendar year (minus applicable taxes) for your membership fees.

Visit the [LIVESMART hub](#) (scroll to the Wellness Center and Reimbursement Program section) for more information on onsite Wellness Centers and the reimbursement program for external fitness centers.

▼ Life Insurance

Life insurance elections (for yourself and/or your eligible dependents) can be made at any time during the year — it's typically not a standard offering during annual enrollment. However, we've made an exception this year because of new enhancements for 2013.

New for 2013, we've added more coverage level options for Spouse/Domestic Partner Insurance and Child Life Insurance. If you have it today, *during this annual enrollment* you may increase your current level of Spouse/Domestic Partner coverage by one increment, up to \$30,000, *without* evidence of insurability. Evidence of insurability is not required for changes in Child Life Insurance. You must have Supplemental Life Insurance (SLI) for yourself to select life insurance for your dependents.

Employee Life Insurance

- There are no changes to the current Basic Life Insurance options. You may change your Basic Life Insurance election, but evidence of insurability may be required. The following coverage options are available:
 - \$50,000
 - 1 times annual base pay
 - 2 times annual base pay

- You may purchase Supplemental Life Insurance at an additional one-to-six times your eligible compensation. Evidence of insurability may be required for adding or increasing this coverage.

Spouse/Domestic Partner Life Insurance

- Coverage available in the following amounts:
 - \$2,500 (only available if you currently have this coverage level)
 - \$5,000
 - \$10,000
 - \$25,000
 - **New for 2013:** \$30,00 to \$100,000, in \$10,000 increments (not to exceed 100 percent of the employee-insured amount)
- The flat monthly rate for this coverage ends on 31 December 2012. Starting 1 January 2013, the rate will be based on *your* age (not your spouse's/domestic partner's age) and the amount of coverage you elect. [Rate information is located here.](#)
- If you currently have Spouse/Domestic Partner Life Insurance, you'll want to review the 2013 rates to see if your monthly cost will change.

Child Life Insurance

- Coverage available in the following amounts:
 - \$1,250 (only available if you currently have this coverage level)
 - \$2,500
 - \$5,000
 - \$10,000
 - **New for 2013:** \$25,000
- The 2013 cost for Child Life Insurance is \$0.087 per \$1,000 of coverage. If you currently have Child Life Insurance, calculate your new rate to see if your monthly cost will change in 2013.

See the [U.S. Benefits Book](#) for more information on the Life Insurance Program.

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Make your choices



It's up to you to decide which medical/behavioral health plan is right for you. As you review the features of each plan, consider your personal situation and health care needs for 2013. For example:

- What types of health care services do you and your family members use in a typical year? Does anyone require regular visits to the doctor, a specialist or a non-network provider?
- Do you anticipate a major health care expense in the coming year, such as a surgery or the birth of a child?
- Do you have access to health care through another source, such as your spouse's/domestic partner's employer?

▼ Use the Health Plan Decision Tools

Three tools on the [LIVESMART hub](#) can help you make your enrollment decisions — so you pay only for the coverage you need.

- **Medical Expense Estimator** — makes it easy for you to estimate your total annual expenses under each option, including the out-of-pocket expenses you pay when you use services, as well as monthly contributions.
- **Health Plan Comparison Tool** — gives you side-by-side comparisons of key plan provisions, such as deductibles, coinsurance/copayments, out-of-pocket maximums and prescription drug coverage.
- **Flexible Spending Account Estimator** — helps you add up your eligible health care expenses and estimate your federal income tax savings when you set aside money in the Flexible Spending Account.

▼ Your enrollment decisions

Following is a summary of the actions you can take during annual enrollment:

Plan	What you can do
Eligibility	Add or remove dependents from medical, vision and/or dental coverage
Medical/behavioral health plans	Choose from Health Investment Plan, Health Advantage Plan, Health Plus Plan, HMO (where available) or opt out of coverage (proof of insurance required)
Dental Plan	Elect or reject coverage
Vision Eyewear Plan	Elect or reject coverage
Health Savings Account (HSA) ¹	Elect or change pay period contribution
Health Care Flexible Spending Account (FSA)	Elect or change annual contribution
Dependent Care Account (DCA)	Elect or change annual contribution
Short-Term Disability (STD) Buy-Up	Elect or cancel coverage
Basic Life Insurance	Change your coverage level
Spouse/Domestic Partner Life Insurance	Elect, change or cancel coverage
Dependent Life Insurance	Elect, change or cancel coverage
Child Life Insurance	Elect, change or cancel coverage
Critical Illness Plan	Elect or reject coverage
Legal Assistance Plan	Elect or reject coverage
Onsite Wellness Center membership	Join or cancel membership ²

¹The HSA is only available for Health Investment Plan participants. You may change your HSA contribution at any time during the calendar year.

²You may join an onsite Wellness Center at any time during the calendar year, but can only cancel your membership during annual enrollment.



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Enroll 1 — 16 October



Log in to BenefitsWeb between 1 and 16 October to enroll in your 2013 benefits. **Even if you don't plan to make any changes, log in to review your current elections and make sure they still work for you.**



IF YOU DON'T TAKE ACTION

You will have the same benefits and coverage level (e.g., single coverage, family coverage) in 2013 as you had in 2012. Contact the Rewards Administration Center (RAC) for more information or if you have questions about your current coverage.

What you need to do

- Log in to BenefitsWeb
 - [Intranet](#): Click the BenefitsWeb link at the top of the page and log in using your Motorola Mobility CoreID and applications password.
 - [Internet](#): Log in using your ID and passcode.
- Click "Enroll Today!" then "Enroll in Benefits."
- Change an election by clicking the "Change" button next to each benefit. If you don't want to make any changes, click "No Changes."
- When you're done changing your elections, click "Submit Changes." **If you don't click "Submit Changes," your elections won't be recorded and your current 2012 elections will continue in 2013.**

Stay active in BenefitsWeb or you'll be logged out!

Once you start making your elections, you must stay active in the system. If you're inactive for more than 10 minutes, you'll be logged out and your changes won't be saved. **Be sure to review this e-guide and the [Health Plan Decision Tools](#) — and talk your decisions over with your spouse/domestic partner, if applicable — before you log in to**

- You can log back in to BenefitsWeb to change your elections, if needed, through the 16 October enrollment deadline. After that time, you can't make a change unless you have a qualifying life event (for example, you get married or have a baby).

BenefitsWeb to make your elections.

▼ **Need help logging in?**

If this is your first time logging in to BenefitsWeb from the Internet:

- Your login ID is the first eight numeric digits of your current Member Identification Number (MIN) on your Anthem medical ID card. If you're enrolled in an HMO or you've opted out of medical coverage, you can find your login ID on the MIN letter you received in the mail.
- Your initial passcode is your date of birth (MMDDYYYY).
- The first time you log in, you'll be asked to change your passcode to a different eight-digit number.

If you forgot your passcode:

- Click the "Forgot Your Passcode?" link on the BenefitsWeb login page. A passcode reminder will be mailed to your home address within five to seven business days. **If there's a chance you've forgotten your passcode, make sure you don't wait until the end of the enrollment period to request a reminder, since it will take up to a week to receive it in the mail.** Or, you may contact the Rewards Administration Center (RAC) at 877-404-7108 for enrollment assistance.

▼ **Making an appeal**

If you feel your 2013 elections are incorrect once the enrollment period has ended, you may request a review of your benefits elections no later than 18 January 2013. Any requests for review must be made in writing, and you must include the reasons why you believe you're entitled to change your elections. Appeals may be sent to the following address:

The Rewards Administration Center Appeals Unit
Rewards Administration Center
P.O. Box 66865
Phoenix, AZ 85082-6865

▼ What if I don't enroll?

If you decide not to participate in annual enrollment this year, your 2013 benefits and coverage level will stay the same as those you elected for 2012.

Once annual enrollment ends on 16 October 2012, you can only change certain benefits elections if you have a qualifying life event that would affect your current coverage, such as marriage, birth of a child or change in your spouse's employment status. See the [U.S. Benefits Book](#) for more details on life events.

How to make an eligible change

If you have a qualifying life event, you can report the event on [BenefitsWeb](#) or by calling the Rewards Administration Center, if applicable, at 877-404-7108, option 2; TTY: 888-247-5309; outside the U.S.: +1 602-797-6432. You must make any benefits changes within 30 days of the event.

▼ Opting out of medical coverage

If you have other medical coverage (e.g., your spouse's/domestic partner's plan), you may opt out of Motorola Mobility's medical coverage. Proof of your other insurance is required; BenefitsWeb will ask you to certify that you have coverage elsewhere. If both you and your spouse/domestic partner work for Motorola Mobility, one of you may opt out while the other carries employee plus spouse/domestic partner or family coverage.



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Commit to your health year-round



It's important to think about your health year-round, not just during annual enrollment. Take advantage of Motorola Mobility programs to keep it top of mind.

▼ Time's running out to receive your medical plan contribution discount in 2013

Remember, you have until **31 October** to complete your biometric health screening and Health Risk Questionnaire (HRQ). If you don't take action by this time, you'll pay the regular medical plan contributions in 2013. Unlike previous years, you won't have a second chance to complete the activities (and receive a partial discount) if you miss the October deadline.

If you've already received your biometric health screening and completed the HRQ, log in to [StayWell's website](#) and click the My Incentive tab to ensure your completion of the activities has been tracked in the system. (Note that it takes approximately three weeks for the system to reflect your completion of the activities.)

If you haven't yet completed the activities, see the article on the [LIVESMART hub](#) for more information, including where to go to get your biometric health screening. Once you've received your screening, visit [StayWell's website](#) to complete your HRQ. If you have specific questions about the biometric health screening, HRQ and/or the protection of your privacy, and you can't find answers in the LIVESMART hub article, check the detailed [Frequently Asked Questions documents](#).

**BIOMETRIC
HEALTH
SCREENING****HEALTH
RISK
QUESTIONNAIRE****2013 MEDICAL
PLAN CONTRIBUTION
DISCOUNT**

▼ Flu shots coming soon

Prepare for flu season! Health Investment Plan, Health Advantage Plan and Health Plus Plan participants, including spouses/domestic partners and eligible dependents, are allowed one seasonal flu immunization at no cost, one time per year. You may participate in either an onsite seasonal flu immunization clinic or an offsite Target clinic. Visit the [Motorola Mobility employee portal](#) for information about onsite flu shots at your location and to learn more about the offsite Target clinics.

▼ Be healthy, get money

There's still time to participate in the LIVESMART Challenge — you have until the end of the year to complete healthy activities and receive an incentive — up to \$200! The LIVESMART Challenge is Motorola Mobility's program focused on you and your health. It rewards you for taking a more active role in your health by completing different activities, such as getting a flu shot, seeing your doctor for your annual physical exam, receiving a health screening and exercising. Here's how it works:

- You complete healthy activities in four main categories. Many activities are things you do anyway to take care of yourself.
- Each activity earns you points, and those points translate into monthly incentive payouts.
- Payouts are made in \$100 increments, and you can earn up to \$200 per year. If, by the end of the year, you haven't reached the \$200 maximum and you have points remaining in one or more categories, you'll receive a partial payout for the highest category in which you have points.
- Payouts are deposited into an account that you use to pay for eligible health care expenses:
 - Health Savings Account — if you're enrolled in the Health Investment Plan
 - Personal Health Account — if you're enrolled in the Health Advantage Plan or Health Plus Plan
- All employees, except those enrolled in an HMO or who have opted out of medical coverage, can participate.

You may be accumulating LIVESMART Challenge points without realizing it! That's because for certain activities, like a doctor's physical exam, your points are processed automatically (as long as you receive your physical by 31 October — if you get it after this time, you **must** complete a form to receive your points). Visit the [LIVESMART Challenge website](#) to check your points balance.

You can find more information about the Challenge on the [LIVESMART hub](#) — check it out and start earning incentives today!

▼ Additional resources to help you be well

Health coaching

Based on your HRQ results, take advantage of the opportunity to work one-on-one with an experienced health coach who provides support and encouragement as you work toward your health goals. Your coach will help evaluate your choices, locate resources, set goals and help you achieve positive health behaviors. You will also receive educational materials that provide information about your health and assist you in making positive lifestyle changes.

The Health Coaching Program is completely confidential, covers a range of topics and is available to Health Investment Plan, Health Advantage Plan and Health Plus Plan participants. Choose from telephone, web-based or mail-based educational materials. For more information, contact the StayWell Help Desk at 800-721-2644, TTY: 711; outside the U.S.: +1 630-980-2945 or visit [StayWell's website](#).

Nutritional counseling

Nutritional counseling is available to all employees and dependents covered under the Health Investment Plan, Health Advantage Plan and Health Plus Plan. With this benefit, you can visit a registered dietitian or physician up to six times per year, at no cost to you.

Nutritional counseling can help you establish healthy eating habits as part of an overall healthier lifestyle. Counseling may include the following:

- An assessment of your dietary habits
 - The use of measurement tools, such as body mass index, to assess risk
 - Help in developing dietary goals
 - Ongoing support to maintain dietary changes and re-evaluate goals
 - Guidance toward an appropriate exercise program
-

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What's happening when

2012

September

17 September

- [Health Plan Decision Tools](#) available

October

1 – 16 October

- Annual enrollment (enrollment ends 16 October at 11:59 p.m. Central)

31 October

- Deadline to complete your biometric health screening *and* Health Risk Questionnaire to receive your medical plan contribution discount in 2013

November

Late November

- Confirmation statements available on BenefitsWeb

December

Mid-December

- New medical and vision ID cards mailed home, where applicable
- New Flexible Spending Account (FSA) card mailed home if you enrolled in the Health Care FSA
- Health Savings Account (HSA) Welcome Kit mailed home if you newly enrolled in the Health Investment Plan and elected an HSA; follow the instructions in the kit to activate your account

2013

Late December

- New prescription drug ID card mailed home, if applicable (**Note:** You'll only receive a new prescription drug ID card if you changed your medical plan election for 2013 or if your personal information on the card has changed — for example, you got married and your name changed.)

January

1 January

- All 2013 benefits elections take effect

4 January

- First paycheck reflecting your 2013 deductions

18 January

- 2012 annual enrollment appeals deadline



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2013 monthly contribution rates

Health care plans

	Single		Employee + spouse/domestic partner		Employee + child(ren)		Family	
	Regular Rate	Discounted Rate*	Regular Rate	Discounted Rate*	Regular Rate	Discounted Rate*	Regular Rate	Discounted Rate*
Medical Plans								
Health Investment Plan	\$ 78	\$ 52	\$203	\$135	\$192	\$128	\$298	\$219
Health Advantage Plan	\$113	\$ 75	\$273	\$186	\$263	\$176	\$384	\$297
Health Plus Plan	\$158	\$105	\$339	\$249	\$326	\$236	\$484	\$394
Kaiser — Northern California	\$109		\$258		\$245		\$408	
Kaiser — Southern California	\$78		\$185		\$175		\$292	
Dental Plan	\$12		\$25		\$26		\$41	
Vision Eyewear Plan (New!)	\$4.62		\$8.08		\$8.78		\$13.40	

*Discounted rates available for the Health Investment, Health Advantage and Health Plus Plans when you complete the biometric health screening and Health Risk Questionnaire by 31 October 2012. Employees hired on or after 1 August 2012, along with current Kaiser HMO participants and opt-outs, are exempt from taking the biometric health screening and HRQ in 2012, and will automatically receive the 2013 discounted rate if they elect the Health Investment Plan, Health Advantage Plan or Health Plus Plan.

▼ Short-Term Disability Buy-Up

The 2013 contribution rate for Short-Term Disability Buy-Up will remain \$0.14 per \$100 of your eligible salary. Follow the steps below to calculate how much that is for you:

- 1 Divide your salary by 100
- 2 Multiply that amount by \$0.14
- 3 Divide that amount by 12
- 4 The number you end up with is your monthly rate

▼ Legal Assistance

The 2013 contribution rate is \$19.50 per month. You pay for coverage through payroll deductions on an after-tax basis.

▼ Critical Illness Plan

How much is the Critical Illness Insurance?

The monthly Critical Illness Plan rates are calculated in 5-year age bands and based on the Motorola Mobility employee's age. The 2012 monthly contribution rate is based on the employee's age at 31 December 2011:

Employee age	Monthly Contribution Rates			
	Single	Employee + spouse/domestic partner	Employee + child(ren)	Family
24 and under	\$ 1.95	\$ 3.90	\$ 2.25	\$ 4.20
25 – 29	\$ 2.25	\$ 4.50	\$ 2.55	\$ 4.80
30 – 34	\$ 3.75	\$ 7.20	\$ 4.05	\$ 7.50
35 – 39	\$ 6.60	\$ 12.30	\$ 6.90	\$ 12.60
40 – 44	\$ 11.85	\$ 21.90	\$ 12.15	\$ 22.20
45 – 49	\$ 21.45	\$ 39.15	\$ 21.75	\$ 39.45
50 – 54	\$ 35.85	\$ 64.05	\$ 36.15	\$ 64.35
55 – 59	\$ 57.90	\$ 100.50	\$ 58.20	\$ 100.80
60 – 64	\$ 90.60	\$ 153.30	\$ 90.90	\$ 153.60
65 – 69	\$ 140.40	\$ 233.25	\$ 140.70	\$ 233.55
70 – 74	\$ 201.75	\$ 338.25	\$ 202.85	\$ 338.55
75 – 79	\$ 278.55	\$ 478.20	\$ 278.85	\$ 478.50
80 – 84	\$ 343.20	\$ 609.45	\$ 343.50	\$ 609.75
85 and over	\$ 365.55	\$ 670.35	\$ 365.85	\$ 670.65

▼ Supplemental Life Insurance

Employee age	Monthly cost per \$1,000 of coverage
24 and under	\$0.03
25 – 29	\$0.03
30 – 34	\$0.05
35 – 39	\$0.06
40 – 44	\$0.07
45 – 49	\$0.10
50 – 54	\$0.15
55 – 59	\$0.29
60 – 64	\$0.34
65 and over	\$0.40

▼ Spouse/Domestic Partner Life Insurance

Spouse/Domestic Partner Life Insurance rates are based on the employee's age (not the spouse's age). If you currently have Spouse/Domestic Partner Life Insurance, review the rate information to see if your monthly cost is changing (increasing or decreasing) in 2013 under the new rate structure.

Employee age	Monthly cost per \$1,000 of coverage
24 and under	\$0.05
25 – 29	\$0.05
30 – 34	\$0.07
35 – 39	\$0.08
40 – 44	\$0.09
45 – 49	\$0.14
50 – 54	\$0.21
55 – 59	\$0.39
60 – 64	\$0.60
65 – 69	\$1.15
70 and over	\$1.87

▼ Child Life Insurance

Employee age	Monthly cost per \$1,000 of coverage
N/A	\$0.087

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Annual enrollment resources

- [LIVESMART hub](#): Internet website that provides you and your family access to important health plan information and decision-support tools.
- [Motorola Mobility employee portal](#): Secure Motorola Mobility intranet website that provides you access to important health plan information and other useful resources.
- [BenefitsWeb](#): Annual enrollment website — where you go to enroll in your benefits (available 1 – 16 October).
- Rewards Administration Center (RAC): Motorola Mobility's benefits administrator — where you call if you have questions about your benefits or need help enrolling (877-404-7108, option 2; TTY: 888-247-5309; outside the U.S.: +1 602-797-6432).

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Legal notifications

▼ Summaries of Benefits and Coverage

As part of the recent health care reform legislation, Motorola Mobility will begin issuing standardized Summaries of Benefits and Coverage (SBCs). The SBCs show health plan design information, including Plan limits and estimated costs for certain health services. The SBCs replace the Health Plan Comparison Chart PDFs, which will no longer be available to you after 2012. You can access the SBCs on the [LIVESMART hub](#) and [BenefitsWeb](#). You can also request hard copies by calling the Rewards Administration Center (RAC) at 877-404-7108, option 2.

▼ Women's Health and Cancer Rights Act Notice

As a participant in the Motorola Mobility Health and Welfare Benefits Plan (the "Plan"), if you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the Plan (please consult your Health and Welfare Benefits Book for specific information about the Plan's deductible and copayment requirements for mastectomies).

Questions?

If you have any questions about your rights under the WHCRA, contact the Rewards Administration Center at 877-404-7108, option 2; TTY: 888-247-5309; outside the U.S.: +1 602-797-6432.

▼ **Statement of rights under the Newborns' and Mothers' Health Protection Act**

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by C-section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse-midwife or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact Anthem Blue Cross Blue Shield at 866-776-4793.

▼ **HIPAA Privacy Notice**

This notice applies to employees, former employees and dependents who participate in the Motorola Mobility Health and Welfare Benefits Plan (the "Plan").

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 the Plan. These 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 contact the Plan's Privacy Officer or visit the [Motorola Mobility employee portal](#).

▼ Important notice from Motorola Mobility about your prescription drug coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Motorola Mobility and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1 Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- 2 Motorola Mobility has determined that the prescription drug coverage offered by the Motorola Mobility Health Plans (i.e., Health Investment Plan, Health Advantage Plan and Health Plus Plan) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from 15 October through 7 December.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current Motorola Mobility coverage will not be affected. Consult your [U.S. Benefits Book](#) to learn more about how your Motorola Mobility coverage is coordinated with Medicare.

If you do decide to join a Medicare drug plan and drop your current Motorola Mobility coverage, be aware that you and your dependents will be able to get this coverage back if you have a qualifying change of status or during annual enrollment.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with Motorola Mobility and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Motorola Mobility changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

If you have questions about this notice

If you have any questions about this notice, please call the Rewards Administration Center at 877-404-7108. Customer Service Representatives are available Monday through Friday, 9 a.m. to 5:30 p.m. Central, except on holidays. For TTY communication services for the hearing impaired, call 888-247-5309. If calling outside of the United States, please call +1 602-797-6432.

▼ Patient Protections

The Motorola Mobility Health and Welfare Benefits Plan (the "Plan") generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator designated in your Benefits Book. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from an in-network health care professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a preapproved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Rewards Administration Center at 877-404-7108, option 2; TTY: 888-247-5309; outside the U.S.: +1 602-797-6432.

▼ Special Enrollment Events

Special enrollment events allow you and your eligible dependents to enroll for health coverage outside the annual enrollment period under certain circumstances if you lose eligibility for other coverage, become eligible for state premium assistance under Medicaid or the Children's Health Insurance Program (CHIP), or acquire newly eligible dependents. This is required under the Health Insurance Portability and Accountability Act (HIPAA).

If you decline enrollment in Motorola Mobility's health benefits for you or your dependents (including your spouse/domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in Motorola Mobility's health benefits without waiting for the next annual enrollment period if you:

- Lose other coverage. You must request enrollment within 30 days after the loss of other coverage;
- Gain a new dependent as a result of marriage, birth, adoption or placement for adoption. You must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption; or
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request enrollment within 60 days after the loss of such coverage.

In addition, you may enroll in Motorola Mobility's health benefits if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain such coverage.

To request special enrollment or obtain more information, contact the Rewards Administration Center at 877-404-7108, option 2; TTY: 888-247-5309; outside the U.S.: +1 602-797-6432.

CHIP Notice (78KB, PDF)

Motorola Mobility Corporate Offices
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Published for Motorola Mobility U.S. employees by Motorola Mobility Human Resources and Global Communications, this annual enrollment e-guide only summarizes the company's benefit plans. The respective plan documents govern your rights. Rely on the information contained here only as a general summary of some of the features of the plans. This constitutes a Summary of Material Modifications (SMM) to the plans described here and describes important changes to these plans. The changes are effective as of 1 January 2013 and supersede any contrary provisions contained in the U.S. Motorola Mobility Health and Welfare Benefits Book (Benefits Book) for these plans, although the remainder of the Benefits Book will remain in effect. Motorola Mobility reserves the sole right at any time to amend, modify or terminate one or more of the plans described in this e-guide. Motorola is an Equal Opportunity/Affirmative Action Employer. MOTOROLA Mobility and the Stylized M Logo are trademarks or registered trademarks of Motorola Trademark Holdings, LLC. All other product or service names are the property of their respective owners.

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Your action needed



- Use the [Health Plan Decision Tools](#) to help you assess your needs. Think about how you used your benefits in 2012 and what type of health care services you might need in 2013.
- **Talk to your spouse/domestic partner**, before you enroll, about the benefit plans that are right for you and your family in 2013. Compare the coverage available through Motorola Mobility to the coverage available through your spouse's/domestic partner's employer. The [Medical Expense Estimator](#) can help you compare Motorola Mobility's plans to your spouse's/domestic partner's plan.
- **Review the [rate information](#) for Spouse/Domestic Partner and/or Child Life Insurance**, if you currently have these coverages, to see if your monthly cost is changing (increasing or decreasing) in 2013 under the new rate structure.
- **Make your elections on BenefitsWeb:**
 - [Intranet](#): Click the "BenefitsWeb" link at the top of the page and log in using your Motorola Mobility CoreID and applications password.
 - [Internet](#): Log in using your ID and passcode.
- **Call the Rewards Administration Center (RAC)** if you have questions or need enrollment assistance. Contact them at 877-404-7108, option 2; TTY: 888-247-5309; outside the U.S.: +1 602-797-6432.

Keep an eye out

November

- MMI e-Newsletter focused on your retirement and benefits enhancements that take effect in January

December

New ID cards will be mailed to your home:

- Flexible Spending Account (FSA) card if you enrolled in the Health Care FSA
- Medical ID card if your personal information on the card has changed (for example, you got married and your name changed)
- Prescription drug ID card if you changed your medical plan for 2013 or if your personal information on the card has changed (for example, you got married and your name changed)

- **Complete your biometric health screening and Health Risk Questionnaire (HRQ) by 31 October.** [See the article on the LIVESMART hub for more information](#), including where to go to get your biometric health screening. Once you've received your screening, visit [StayWell's website](#) to complete your HRQ.
- **Look for your discounted medical plan contribution rate** when you enroll in your benefits for 2013, if you've already completed your biometric health screening and submitted your HRQ. You can also log in to [StayWell's website](#) and click the My Incentive tab to ensure your completion of the two activities has been tracked in the system. (Note that if you completed them within the past three weeks, they may not be reflected on the site yet.)
- **Get your flu shot this fall.** Visit the [Motorola Mobility employee portal](#) for information on flu shots at your location.
- **Check out Wellness Week** at the end of September, if you work at a location with an onsite Wellness Center, to learn more about the Wellness Center and why you should consider joining.
- **Visit the [LIVESMART hub](#)** for more information on all of your benefits. If you're looking for details, check out the [U.S. Benefits Book](#).