

Motorola Frequently Asked Questions 2009 U.S. Benefit Changes August 2009

These frequently asked questions only provide an overview of benefit changes and clarifications effective January 1, 2009. The respective plan documents and policies govern your rights. You should rely on this information only as a general summary of some of the features of the plans and policies. In the event of any difference between the information contained herein and the plan documents and policies, the plan documents and policies will supersede these frequently asked questions. Motorola reserves the right at any time to amend, modify or terminate one or more of the plans or policies described in these frequently asked questions.

Anthem Blue Cross and Blue Shield Questions

1. Who is our new medical plan administrator?

Effective January 1, 2009, Anthem Blue Cross and Blue Shield (Anthem) will administer the Motorola Health Investment, Health Advantage and Health Plus Plans.

2. What services will Anthem provide beginning January 1, 2009?

Anthem will provide medical and behavioral health claims administration and customer service, medical and behavioral health provider networks, utilization management, case management, transplant management and the 24/7 nurseline.

3. How can we determine which providers are participating in the network?

You may use the Anthem Online Provider Directory, available at www.anthem.com/motorola to determine which providers participate in a Blue Cross and Blue Shield (BCBS) network. You can view network providers by doing the following:

Start by typing www.anthem.com/motorola in your browser address window. Click on "Find a Doctor" and follow the instructions to search within the appropriate network.

The national directory allows you the option of searching for physicians or healthcare facilities. You can make your search more specific by choosing a specialty or by entering the name of a physician or facility. Once you've entered the required information, the "View Results" page will show you a list of the physicians or facilities that match the criteria you selected.

4. When I search for a BCBS provider, a pop-up box appears that references an alpha prefix. Do I need an alpha prefix to search for a network medical or behavioral health provider?

When you search for a National BCBS BlueCard Preferred Provider Organization (PPO) or Traditional network medical or behavioral health provider at www.anthem.com/motorola as a "guest", you will notice a pop-up box that refers to your alpha prefix. You can disregard this message when searching as a "guest" prior to January 1, 2009. Once you receive your Anthem medical plan ID card, register as a member and search for participating network providers using your alpha prefix from your ID card. Using your alpha prefix reduces your chances of making an error and selecting the incorrect BCBS network for your provider search.

5. What additional information can be found on www.anthem.com/motorola other than the provider's name and address?

The Web site, www.anthem.com/motorola, provides multiple provider search options and results. Some of the key features include the following:

- *Search Options* – Use the *Lookup by Name* feature to find provider information by entering their plan name and the provider's name, or *Search by Location* and enter their plan name and detailed location information
- *Search Results* – This provides detailed data on each provider, including driving distances and maps
- *Shortlist* – Allows you to “bookmark” providers of interest
- *Customized Directory* – This allows you to have your directory created in any preferred way:
 - HTML or PDF
 - E-mail or download
 - On-screen
 - Printer formatted

Beyond provider information, the Web site offers a number of other important features (**available January 1, 2009**) which include:

- *MyAnthem* – Provides, via a personalized secure member portal, quick and easy access to member-specific content.
- *Answers@Anthem* – Supplies tools that allow you to inquire about claims, benefits and eligibility, request ID cards, and more.
- *MyHealth@Anthem* – Allows access to a professionally-produced health information service.
- *Anthem Care Comparison* – Enables you to review and compare costs across facilities for 39 common inpatient and outpatient procedures and provides quality and patient safety information on hospitals.

6. How big is the BCBS provider network?

The National BCBS BlueCard Preferred Provider Organization (PPO) network is the largest in the U.S., with 94% of all hospitals nationwide and approximately 83% of physicians participating.

7. How does the local state BCBS plan differ from Anthem?

Motorola's medical benefits will be administered by Anthem. Anthem is a separate and distinct BCBS company. Not only is Anthem the largest BCBS company, it is the largest health benefits company in the country serving over 35 million members.

8. If I have questions about my Motorola medical plan coverage administered by Anthem, who do I contact?

You can contact Anthem customer service representatives at 866.645.4135 from 8:00am to 8:00pm ET, Monday through Friday **beginning September 22, 2008**.

9. I am usually considered an out-of-area participant. How can I determine if I am out-of-area with Anthem?

Access www.anthem.com/motorola and click on the “Out-of- Area Zip Code List” link in the Tools and Resources section to review the list of out-of-area zip codes. Final confirmation of your out-of-area status will be provided on your annual enrollment worksheet.

10. If I live in a network area, can I continue to see my provider even if he or she is not in the National BCBS BlueCard PPO network?

If you enroll in the Health Investment, Health Advantage or Health Plus Plans, Motorola is offering a two-month grace period that allows you to use your current medical or behavioral health provider, from **January 1 through February 28, 2009** (regardless of National BCBS BlueCard PPO network participation) and receive reimbursement at the network benefit level. Following the two-month grace period, you are expected to seek medical services from providers who participate in the National BCBS BlueCard PPO network to receive the network level of benefit coverage. You may continue to receive services from your non-network provider after the two-month period and claims will be considered at the non-network level of benefits.

If the your medical circumstances fall within certain guidelines, you may qualify for an additional transition period based on Anthem's Continuation of Care guidelines. Continuation of Care occurs when you seek to continue to remain under the care of a non-network provider **who was treating you prior to January 1, 2009** until it is medically appropriate for you to transfer care to a network provider.

Conditions and situations eligible for Continuation of Care include:

- You were recently hospitalized and now require follow up care
- You have an unstable or life-threatening medical condition
- You are being treated for a condition that has a specific course of treatment
- Your covered treatment is unavailable within the provider network
- You have a life expectancy of less than six (6) months
- Your condition involves end stage cancer
- You are in your third trimester of pregnancy as of December 31, 2008 and you expect to deliver your baby after January 1, 2009

To apply for transition of care benefits, contact Anthem **between December 1, 2008 and January 31, 2009** at 866.645.4135 from 8:00am to 8:00pm ET, Monday through Friday.

11. My medical and/or behavioral health provider is not participating in the BCBS network. How do I nominate a provider that is currently not participating in the network?

A provider nomination form is located online at www.anthem.com/motorola. After completing the form, you can fax it to Anthem at 513.682.8810 or mail it to: Anthem Motorola Account Team, 9075 Centre Point Drive, Suite 200, West Chester, OH 45069-4861. The physician must meet BCBS credentialing standards to participate. BCBS cannot guarantee that a physician will be added to the network.

12. How can I get the status of a provider nomination?

Monthly updates are made regarding the status of medical and behavioral health provider nominations. These updates can be found at www.anthem.com/motorola beginning November 1, 2008. You may also check Anthem's online provider directory at www.anthem.com/motorola or contact the provider for status.

13. What is the length of time that I will be allowed to nominate my medical or behavioral health provider(s) for participation in the BCBS network?

Anthem is accepting provider nominations from Motorola participants **through December 31, 2009**.

14. What is the timeframe for my provider to become a BCBS network provider?

The complete nomination time is approximately three (3) to six (6) months from the time your nomination is received until the time your provider is accepted or not accepted for network participation. Your provider will be contacted shortly after Anthem receives your nomination form.

15. If I nominate my provider is there a guarantee that they will become a BCBS network provider?

Nomination of a medical or behavioral health provider does not guarantee BCBS network participation. It is an individual business decision by the medical or behavioral health provider. Some providers may not be willing to accept discounted rates. It is also important to note that a small percentage may apply but not meet the BCBS credentialing standards.

16. Will I receive a new medical plan ID card?

Medical plan ID cards will be issued in December, for receipt prior to January 1, 2009. Two medical plan ID cards will be issued per family, unless you have dependents age 16 years or older. If you have dependents age 16 years or older, you will also receive ID cards for these dependents prior to January 1, 2009.

17. What information will appear on the front of my medical plan ID card to verify coverage?

The following information is included on your medical plan ID card:

- member name and identification number
- the Blue Cross and Blue Shield Logo
- the Motorola Logo
- the back of the ID card will contain telephone numbers to access benefit information

Dependents covered under your medical plan will not be listed on the Anthem medical plan ID cards issued prior to January 1, 2009. Anthem is enhancing their systems mid-2009 to add dependent names to the medical ID card.

18. Are medical and behavioral claims administration and customer service still being provided by the Motorola Rewards Administration Center?

Medical and behavioral health claims administration and customer service will be provided by Anthem beginning January 1, 2009.

19. What services will the Motorola Rewards Administration Center provide beginning January 1, 2009?

The Rewards Administration Center will continue to provide medical plan eligibility, Flexible Spending Account, Dependent Care Account, Adoption Assistance and Wellness Reimbursement administration, premium billing and COBRA administration. The Rewards Administration Center will also provide customer service for these services and for services previously administered by the Rewards Administration Center prior to January 1, 2009. You can reach the Rewards Administration Center at 800.421.3973.

20. Where do I submit medical and behavioral health claims for payment beginning in 2009?

Medical and behavioral health claims for network participating providers will be submitted by your provider to the appropriate local BCBS Plan. The local Plan has an agreement with Anthem to

forward these claims electronically that allows Anthem to process the claims. If you see a non-network provider and need to submit your claim to Anthem for payment, you should contact Anthem customer service at 866.645.4135 from 8:00am to 8:00pm ET, Monday through Friday for direction on claim submission (i.e., the address of the local BCBS Plan and/or access to a claim form).

21. Will the lifetime benefit maximums (i.e. infertility coverage) start over because we are moving to Anthem for medical plan administration?

No. Your lifetime maximums accumulated under the Motorola medical plans will not start over January 1, 2009. All lifetime maximum accumulators for claims paid prior to the transition will be transferred to Anthem.

22. What are the benefits of selecting a BCBS network provider?

When you select to visit a network provider, your benefits will be paid at network negotiated rates which can help you save money. In addition, using a network provider offers more effective health care coordination and less paperwork. By using a provider within the National BCBS BlueCard PPO network, you will not be subject to payment of charges that are above reasonable and customary costs (R&C).

23. How do costs in the National BCBS BlueCard PPO network compare to R&C?

When members obtain services through a BCBS network provider, the contracted rate is often significantly less than R&C. This usually means lower out-of-pocket costs for you.