

Get More From Your 2017 Nokia Benefits



Important Information About Using Your Benefits in 2017

For Legacy Nokia US Active Employees

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Read This Now If You Are Enrolled in a Flexible Spending Account (FSA)

As you prepare for the transition from UnitedHealthcare® to Aon Hewitt's Your Spending Account™ (YSA) as the administrator for the FSA(s) on January 1, 2017, here are some important things to keep in mind if you are enrolled in one or more FSA(s) for 2016 and/or 2017.

Upcoming FSA Deadlines

Keep track of these key dates for your 2016 and/or 2017 FSA(s):

Key Dates	What You Need to Know/What You Need to Do
DECEMBER 31, 2016	<ul style="list-style-type: none">▪ Last day to incur eligible expenses that can be reimbursed from your 2016 UnitedHealthcare Health Care FSA and/or Dependent Care FSA.▪ Last day to use your 2016 UnitedHealthcare Health Care Spending Card to pay for eligible healthcare and/or dependent care expenses.▪ For more information or to submit claims for eligible 2016 expenses, visit www.myuhc.com or call UnitedHealthcare at 1-866-755-2648.
JANUARY 1, 2017	<ul style="list-style-type: none">▪ The new Plan Year begins.▪ Start using your 2017 YSA Health Care Flexible Spending Account (HFSA) to be reimbursed for eligible healthcare expenses. You can use your YSA HFSA debit card or submit claims to YSA via the YSA website, the YSA Reimburse Me app, fax or mail.▪ Start using your 2017 YSA Dependent Care Flexible Spending Account (DFSA) to be reimbursed for eligible dependent care expenses. You can submit claims to YSA via the YSA website, the YSA Reimburse Me app (you will need to provide the day care provider's eSignature), fax or mail.
MARCH 31, 2017	<ul style="list-style-type: none">▪ 2016 UnitedHealthcare FSA claims submission deadline. You must submit all your 2016 Health Care FSA and/or Dependent Care FSA claims to UnitedHealthcare by this date. Claims and/or documentation submitted after this date will not be reimbursed, and you will forfeit any money left in your FSA(s) on April 1, 2017.▪ For more information or to submit claims for eligible 2016 expenses, visit www.myuhc.com or call UnitedHealthcare at 1-866-755-2648.

Other Important Reminders

Here are some additional important reminders about your 2017 HFSA and/or DFSA.

Watch for Your “Welcome” Email and New Debit Card

You will receive a welcome email from YSA in December. Soon afterward, you will receive a YSA debit card that you can use to pay eligible healthcare expenses beginning January 1, 2017. You cannot use your YSA card for DFSA expenses.

Need additional HFSA debit cards? Once you have activated your YSA card, you can request additional cards for eligible dependents (spouse, children) through the YSA website or by calling the Nokia Benefits Resource Center.

Manage Your FSA(s) From Anywhere

You can manage your HFSA and/or DFSA on the go from your Apple® or Android™ mobile device with the YSA Reimburse Me mobile app.

Use the app to:

- **Save time.** Submit claims for reimbursement, quickly and conveniently, from anywhere, anytime.
- **Save money.** Forget the postage! Submit your documentation by uploading a picture of your receipt (taken with or stored on your mobile device) with your claim.
- **Get immediate access.** View account information on demand, including balances, card transactions and claim status.

Getting the app is easy. Just locate the Reimburse Me app in your mobile device's app store and download it onto your device.

Check Out FSAstore.com: Your One-Stop Shop for HFSA-Eligible Products

FSAstore.com eliminates the guesswork about eligibility when you use your HFSA to pay for healthcare items other than prescription drugs. How? By selling only FSA-eligible items — more than 4,000 in all — such as first-aid supplies, sunscreen, contact lenses and solutions, over-the-counter medications and more. Shipping is free for orders over \$50 and discounts are available.

You can use your YSA debit card to pay for any eligible purchase, and you will not need to submit receipts to YSA.

You can link to FSAstore.com from the YSA website on YBR, or directly at [FSAstore.com](https://www.fsastore.com).

Over-the-Counter Prescription Requirement for HFSA Expenses

To be reimbursed for an over-the-counter (OTC) drug purchase from your HFSA, you must provide a written prescription from your doctor and an itemized receipt. The prescription must include the following: date, dosage, patient's name, provider's signature and address, and specific name of the prescribed item.

OTC prescriptions are valid as follows:

- **Prescriptions for a single fill** are valid for the lesser of 12 months or the end of the Plan Year (which includes the 2½-month grace period for submitting eligible healthcare expenses). See “Grace Period for the HFSA” below for more information.
- **Prescriptions that include refills** are valid for a maximum of 12 months from the date on the prescription.

Grace Period for the HFSA

You have you an additional 2½-month grace period during which you may incur eligible expenses against your HFSA balance. So if you are enrolled in an HFSA for 2017, you must file all claims for eligible healthcare expenses incurred from January 1, 2017, through March 15, 2018, against your 2017 HFSA balance by April 15, 2018.

Note that there is no grace period for the DFSA. If you are enrolled in a DFSA for 2017, you must file claims for all eligible dependent care expenses incurred from January 1, 2017, through December 31, 2017, against your 2017 DFSA balance by April 15, 2018.

How Do You Get Reimbursed?

Getting reimbursed through your HFSA and/or DFSA is easy. Here are the simple steps to take:

Did You Know?

For faster claims reimbursement, you can submit receipts directly to YSA online.

Step 1	<p>Incur a reimbursement-eligible expense. If you use your YSA card to pay for a healthcare expense, you can skip Step 2 and Step 3. But make sure you keep your original itemized receipt and/or Explanation of Benefits (EOB). You may be asked to substantiate your claim at a later date.</p> <p>Then decide whether to submit your claim through the YSA website or the Reimburse Me app.</p>	
	Through the YSA Website	Through the Reimburse Me App
Step 2	<p>Log on to the Your Benefits Resources™ (YBR) website at http://resources.hewitt.com/nokia.</p> <ul style="list-style-type: none"> From the home page, select the “Health Care Flexible Spending Account,” “Dependent Care Flexible Spending Account” or “View Your Health & Insurance Coverage” tile to be taken to the “Health & Insurance Benefits Coverage” page. Select the “Health Care Flexible Spending Account” or “Dependent Care Flexible Spending Account” tab on the left side of the page. Then select “Manage Your Account” to be taken to the “Account Summary” page. Under “Take Action,” select “Get Reimbursed” and then “Health Care” or “Dependent Care.” Choose how you want to send your itemized receipts or EOBs by checking “Upload” or “Fax or mail.” Follow the prompts to enter your claim online. If you have chosen to submit your claim by fax or mail, be sure to print the claim form (cover sheet) and sign and date it. 	<p>From the “Accounts” page of the app, select “Submit Claim” and then “Health Care” or “Dependent Care.”</p> <ul style="list-style-type: none"> Follow the prompts to enter your claim. To submit your documentation, attach pictures (taken with or stored on your mobile device) of your itemized receipts or EOBs. <ul style="list-style-type: none"> You can skip this step and submit your documentation at a later date, but reimbursement may be delayed.

Continued on next page

	Through the YSA Website	Through the Reimburse Me App
Step 3	<p>Submit your completed form (if required) and itemized receipt or EOB by the date indicated.</p> <ul style="list-style-type: none"> ▪ <i>Online:</i> Follow the onscreen instructions to upload an electronic copy or photo of your itemized receipt or EOB. ▪ <i>Fax:</i> 1-888-211-9900 ▪ <i>Mail:</i> YSA P.O. Box 785040 Orlando, FL 32878-5040 	<ul style="list-style-type: none"> ▪ Scroll to the bottom of the page and select "Submit Claim." ▪ Once you see that your claim has been submitted successfully, select "Done."

What Documentation Do You Need to Be Reimbursed From Your HFSA?

To process your reimbursement from your HFSA, you need to include an EOB from your healthcare carrier or a copy of your itemized receipt for the expense. Eligible receipts must contain:

- Name of the service provider or retailer;
- Date of the service or purchase;
- Identification of the drug or product, or a description of the service;
- Purchase amount for each product or service; and
- Total purchase amount.

Hang on to Those Receipts!

If you cannot provide proof of an HFSA claim with a receipt, your HFSA card will be deactivated and you will be asked to either submit payment to cover the expense or submit substitute receipts for any other eligible out-of-pocket expense.

Enrolled in a DFSA? Use Provider Certification!

YSA's Provider Certification feature can help make filing your DFSA claims easier:

- Print your online DFSA claim form from the YSA website.
- Have your dependent care provider sign the Provider Certification section.
- When you file your claim, just submit the signed form. No receipts needed!

Important: Ensure that your dependent(s) qualify for a DFSA under Internal Revenue Service (IRS) guidelines. This means your dependent child must be under the age of 13.*

*Age limit does not apply if your dependent is mentally or physically incapable of self-care, lives with you for more than half of the calendar year and has not been able to provide more than one-half of his or her own support for the calendar year.

For More Information

Questions about your FSA(s)? Contact YSA via a link on the YBR website at <http://resources.hewitt.com/nokia> or call the Nokia Benefits Resource Center at 1-888-232-4111. Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

What You Need to Know If You Have a Health Reimbursement Account (HRA) or Health Savings Account (HSA)

As reminder, effective January 1, 2017, the following offerings will be discontinued:

- **Health Reimbursement Account (HRA).** Nokia will no longer offer a medical plan option with an HRA. However, you can continue to use any remaining funds in your HRA to pay for eligible expenses, such as deductibles and copayments, incurred in a Point of Service (POS) option. Your HRA balance must be exhausted by December 31, 2019.
- **Health Savings Account (HSA).** Nokia will no longer offer a high deductible health plan, and IRS rules allow you to contribute to an HSA only while you are enrolled in a high deductible health plan. So if you were enrolled in the UnitedHealthcare High Deductible Plan in 2016 and contributed to an HSA, you cannot make contributions after December 31, 2016.
 - **But keep in mind: The money in your HSA is yours to keep.** You may continue to use your HSA to pay for eligible healthcare expenses in the short term, or leave the money in your account to pay for healthcare expenses in the future. The choice is yours!

Watch for Your New Member ID Cards

Medical and Prescription Drug

If you are enrolled in Nokia medical and prescription drug coverage for 2017, you will receive member ID cards from your new medical (UnitedHealthcare) and prescription drug (Express Scripts) carriers by January 1, 2017. (**Note:** If you are enrolled in a Health Maintenance Organization [HMO] for 2017, you will receive your medical/prescription drug member ID card from your HMO.)

Starting in late December, you may print your new card(s) from:

- **Medical ID card:** The UnitedHealthcare website at www.myuhc.com.
- **Prescription drug ID card:** The Express Scripts website at www.express-scripts.com.

You will need to sign in or register in order to access the websites.

If you are enrolled in an HMO, contact your plan for information. Contact information is available on the YBR website at <http://resources.hewitt.com/nokia>.

If you have not received your new card(s) by January 1, contact:

- **Medical ID card:** UnitedHealthcare Customer Care (Member Services) at www.myuhc.com, or by calling 1-800-577-8539 (if you are enrolled in the Enhanced or Standard POS option) or 1-800-577-8567 (if you are enrolled in the Traditional Indemnity option).
- **Prescription drug ID card:** Express Scripts at www.express-scripts.com or 1-800-336-5934.
- **HMO medical/prescription drug ID card:** Contact your HMO; contact information is available on the YBR website at <http://resources.hewitt.com/nokia>.

Starting in January, your healthcare provider or pharmacy should be able to confirm your coverage directly with UnitedHealthcare (medical for the Enhanced POS, Standard POS and Traditional Indemnity options), Express Scripts (prescription drug for the Enhanced POS, Standard POS and Traditional Indemnity options) or your HMO (medical and prescription drug).

Dental

Enrolled in Nokia dental coverage for 2017? Note that MetLife does not issue member ID cards; members do not need to present an ID card to receive services under the dental plan. However, if you would like to have a member ID card, you can print one out from www.metlife.com/mybenefits (sign in using the company code “US-Nokia” and follow the on-screen prompts).

Attention UnitedHealthcare Members: Take Advantage of These Tools and Resources Anytime

UnitedHealthcare offers a number of tools and resources to help you manage your and your family's health and healthcare. All are available at **no additional cost to you**.

Voice Identification (ID)

When you call UnitedHealthcare at the number on the back of your member ID card, you can record a voice ID to authenticate yourself going forward. Here is how it works:

During your call, you will have the option to record a voice ID while speaking your date of birth. Then, whenever you call UnitedHealthcare in the future, the system will recognize you when you say your birthdate.

If you prefer not to record a voice ID, no problem! Simply follow the system prompts to authenticate your identity every time you call. The choice is yours.

Virtual Visits

When you do not feel well or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Good news! Starting January 1, 2017, your UnitedHealthcare medical plan option will offer a new alternative for non-emergency care: virtual visits.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment, for the same copayment you would pay for an office visit. Most visits take about 10 – 15 minutes.

To access this service, simply log on to **myuhc.com**[®] and search for “Virtual Visits.” Register and request an appointment. Pay your portion of the service via credit or debit card (including your YSA debit card, if applicable) according to the terms of your medical plan option. Then, enter a virtual waiting room where you can expect to be seen in 15 minutes or less.

Virtual visits are available 24 hours a day, seven days a week. Use virtual visits when your doctor is not available, you become ill while traveling or you are considering visiting a hospital emergency room for a nonemergency condition. Visit www.myuhc.com to learn more.

Not a UnitedHealthcare member? Check with your HMO to see if it offers a similar service.

Right Care. Right Place. Right Savings.

Doctor's office. Virtual visit. Convenience care clinic. Urgent care center. You and your family have more options than ever when you need medical care.

UnitedHealthcare has developed a handy chart to help guide you to the right choice for your situation. To access the chart, go to www.benefitanswersplus.com/activate_m/other_resources.html and scroll down to select “Where to Get Care.”

Rally®

Effective January 1, 2017, UnitedHealthcare Rally will replace the wellness program through Vitality. The Wellness Premium Credit will be discontinued. You can no longer earn Vitality points by participating in the wellness program through Vitality.

Rally is a user-friendly digital experience on **myuhc.com** that will engage you in a new way by using technology, gaming and social media to help you understand, learn about and support you on your health journey. To participate, you must be enrolled in a UnitedHealthcare medical option.

Rally offers personalized recommendations to help you and your covered family members make healthier choices and build healthier habits, one small step at a time. It is available at no additional cost to you. You can access Rally at www.myuhc.com from your computer, tablet or smartphone anytime.

OptumHealth™ NurseLineSM

Illness or injury can happen anytime, not just during your doctor's regular office hours. **If the situation is life- or limb-threatening, call 911 or go to the nearest emergency room (ER) immediately.** But if the situation is less serious, remember that the UnitedHealthcare OptumHealth NurseLine is a toll-free call away — 24 hours a day, seven days a week.

The NurseLine's experienced registered nurses can answer your questions about an illness, injury or medication; help you manage a chronic condition; provide information about a variety of healthcare topics; and more. Both English- and Spanish-speaking registered nurses are available.

To reach the NurseLine, call 1-866-444-3011. You can also participate in an online Live Nurse Chat. Just log on to www.myuhc.com from any device with an Internet connection.

Not a UnitedHealthcare member? Check your medical ID card to see if your HMO offers a similar telephone or online nurse resource.

This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

Health4Me™ Mobile App

Think of the UnitedHealthcare Health4Me app as your go-to healthcare resource for whenever you are on the go. The Health4Me app makes it easy for you to access your healthcare information, anytime and anywhere, from your Apple® or Android™ mobile device.

Health4Me gives you tools to help you estimate costs, manage claims and find providers. You can:

- View and share health plan ID cards via email or fax
- Check account balances and benefit amounts
- Collect, track and share past and current Personal Health Records
- View and manage claims
- Pay providers for out-of-pocket expenses
- Estimate costs of common procedures and conditions up front
- Find nearby providers, hospitals and quick care facilities

- Connect with helpful professionals 24/7

To download Health4Me, visit the App Store or Google Play.

myHealthcare Cost Estimator

You may be surprised to learn that different doctors, labs and hospitals can charge **different** rates for the **same** medical services — even when they are all in network. The myHealthcare Cost Estimator gives you the information you need to make the best decisions for your health **and** your wallet.

The myHealthcare Cost Estimator can help you:

- Preview and compare your costs for a procedure or treatment at different providers and facilities
- Choose the treatment option that is best for you
- Plan your care
- Budget for your medical expenses

You can access the myHealthcare Cost Estimator from www.myuhc.com or the Health4Me app. (To log on to www.myuhc.com, you will first need to register.)

Once you have accessed the myHealthcare Cost Estimator, just search for the condition (for example, back pain) or treatment (for example, physical therapy) for which you want a cost estimate. The myHealthcare Cost Estimator will show you doctors and locations that offer those services in your area. You can also learn about your treatment options, compare estimated costs, see quality and cost-efficiency ratings and map the location of the provider or facility. The cost estimator will even give you a personalized estimate of your out-of-pocket costs, based on your option's applicable deductible, coinsurance and/or out-of-pocket maximum.

Need a Helping Hand? Count on the Employee Assistance Program (EAP)

When faced with life's challenges — whether big or small — the Nokia EAP can help. Provided through Magellan Health Services, the EAP offers you and your household members free, confidential, 24/7 assistance for a wide range of medical and behavioral health issues, such as emotional difficulties, alcoholism, drug abuse, marital or family concerns, and other personal and life issues.

Use EAP Tools and Mobile Apps to Support Your Well-Being

Be sure to check out the EAP website at www.magellanhealth.com/member for helpful EAP tools, calculators, assessments and health and wellness information. The EAP website also offers a mobile app resources page. You will find a range of wellness-focused mobile apps to help you cope with everyday issues, including anxiety, stress, diabetes, autism, sleep, depression and more.

For More Information

If you have questions and would like to speak with an EAP representative, call 1-800-327-7348 or visit www.magellanhealth.com/member.

Manage Your Dental Benefits With the MetLife App

Need to find an in-network provider? Want to check a claim or see your ID card? You can — right from your smartphone — using the free MetLife app.

The app is available 24/7. Just follow these three easy steps:

Step 1: If you haven't already, register at www.metlife.com/mybenefits (sign in using the company code "US-Nokia") from any computer. **Important:** You cannot register from your phone. (Already registered? Start with Step 2 and download the app directly!)

Step 2: Search for "MetLife" on the App Store or Google Play to download the app.

Step 3: Use your MyBenefits log-on information to access the app features.

Find Out How You Can Save on Your Dental Costs

When you visit a general dentist or a specialist who is in the network, your out-of-pocket costs are usually lower. That is because participating dentists have agreed to accept negotiated fees that are usually 15 percent to 45 percent less than the average charges in the same community.¹ Lower fees can help you cut your final costs and stretch your annual maximums.

In particular, the cost of specialty care like implants, root canals and crowns can really add up. That is why it is good to know the network is there to help you manage your out-of-pocket costs. You can view your potential savings on in-network vs. out-of-network fees by using the Dental Procedure Fee Tool² located on www.metlife.com/mybenefits. (To sign in, use the company code "US-Nokia" and follow the on-screen prompts.)

Take a look at the example on the following page, which shows you how you can save by going to an in-network specialist.

Continued on next page

Example for a Specialty Service — Crown

(Note: This is an example for illustration purposes only and may not reflect the actual charges in your area.)

	In-Network	Out-of-Network
Specialist charge	\$1,300.00	
MetLife negotiated fee	\$698.00	NA
MetLife pays ³ (based on 80 percent coinsurance amount for this type of service)	\$558.40	\$1,040.00
Your out-of-pocket cost⁴	\$139.60	\$260.00
Approximate savings by visiting a participating dentist: \$120.40.⁴ The savings is the difference between in-network and out-of-pocket cost minus out-of-network and out-of-pocket cost.		

The table above is a typical example of how in-network savings work. It shows that you usually save more when you stay in the network. So the next time you need dental care, find out what your plan covers and what you could save by going to a participating general dentist or specialist.

To check your coverage or find a general dentist or specialist, log on to www.metlife.com/mybenefits (sign in using the company code “US-Nokia” and enter your ZIP code where prompted) or call 1-888-262-4876. You can also ask your dentist to recommend a network specialist in your community.

Best of all, participating dentists and specialists have undergone a careful selection process.⁵ You will never need a referral. So you get convenient access to quality care and support for better savings.

¹ Based on internal analysis by MetLife, negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for services rendered by them, subject to any copayments, deductibles, cost-sharing and benefits maximums. Negotiated fees are subject to change.

² The Dental Procedure Fee Tool is provided by VerifPoint, an independent vendor. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

³ This example reflects an in-network coinsurance amount of 80 percent and an out-of-network coinsurance amount of 80 percent for major services.

⁴ The potential savings is based on the average charges shown for illustration purposes only. Actual savings for services rendered by an out-of-network dentist will vary depending on the dentist's actual charge for the service.

⁵ Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, rather than MetLife's. If you should have any questions, contact MetLife Customer Service.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your Plan Administrator for complete details.

Save on Taxes With the Commuter Benefits Program

Do you pay to park your car or take public transportation to get to and from work? Then consider enrolling in the commuter benefits program. This program, offered through WageWorks, will be available to all Nokia employees, effective January 1, 2017.

To participate in the commuter benefits program in 2017, you must enroll through WageWorks, the program administrator for 2017, even if you are registered in the current commuter benefits program.

Program Overview

With the commuter benefits program, you can use pre-tax earnings to pay for public transit — including train, subway, bus, ferry, and eligible vanpool — and qualified parking as part of your daily commute to work. You can enroll in the program anytime. (However, to receive your transit and/or parking benefit for January, you must have enrolled with WageWorks by December 10, 2016.)

You decide how much you want to contribute to your WageWorks commuter benefits account each month. For 2017, IRS rules allow you to contribute up to a maximum of \$255 per month for public transit expenses and \$255 per month for qualified parking expenses, for a total of \$510 per month on a pre-tax basis.

How the Program Works

Your contributions are automatically deducted from your paycheck on a pre-tax basis (up to the IRS limit) and deposited into your WageWorks account. If you elect a monthly contribution that is higher than the pre-tax limit, the difference (up to a total contribution of \$800 per month each for transit and parking) will be deducted from your paycheck on an after-tax basis.

You manage your account via a secure website available from any computer or mobile device with an Internet connection or via the WageWorks EZ Receipts® mobile app. You can choose from a variety of transit pass and parking options (e.g., Premium TransitChek MetroCard, Visa Commuter Card, etc.) and make one-time or recurring monthly orders. Transit passes and parking cards will be delivered directly to your home address.








You can suspend or cancel your contributions at any time. As long as you submit any changes by the 10th of the month, they will be effective on the first of the following month.

Questions?

To learn more about the WageWorks commuter benefits program or to enroll, visit www.wageworks.com anytime or call WageWorks at 877-WageWorks (877-924-3967). Representatives are available Monday through Friday, from 8:00 a.m. to 8:00 p.m., ET.

There's an App for That!

Need benefits information on the go? With these free apps, you can manage your Nokia health and welfare benefits from your smartphone or tablet, anytime and anywhere.

Name of App	What You Can Do With It	Where to Find It
UnitedHealthcare Health4Me 	Find in-network medical providers, estimate costs, view and manage claims, access your ID card and connect with customer service representatives.	Search for "Health4Me" on the App Store and Google Play
UnitedHealthcare Rally 	Get personalized support and information to help you and your covered family members make healthier choices and build healthier habits.	Search for "Rally" on the App Store and Google Play
Express Scripts Express Rx 	Order prescription drug refills, get drug and pricing information, find a network pharmacy, track mail-order status and access your prescription drug ID card.	Search for "Express Scripts" on the App Store and Google Play
MetLife 	Find in-network dentists, check the status of a claim and view an ID card.	Search for "MetLife" on the App Store and Google Play
Magellan Provider Search 	Find EAP providers in your area.	Search for "My Provider Locator" on the App Store (not available on Google Play)
Your Spending Account (YSA) Reimburse Me 	Access information about your HFSA and/or DFSA, including balances, claims history, and payments; submit claims; and check alerts about actions you need to take.	Search for "Reimburse Me" on the App Store and Google Play
WageWorks EZ Receipts 	Manage your commuter benefits account, including checking your balance and viewing and submitting claims.	Search for "EZ Receipts" on the App Store and Google Play

Keep Your Life Insurance and/or Savings Plan Beneficiaries Up to Date

It is important to keep your Nokia life insurance and/or Nokia Savings/401(k) Plan beneficiary information up to date. This will help your loved ones avoid delays in receiving your Nokia benefits in the event of your death. You can change your beneficiary information at any time.

To change your beneficiary designations and contact information for:

- **Basic Life, Basic Accidental Death and Dismemberment (AD&D), and Supplementary Accidental Loss Insurance** — Any beneficiary(ies) that you have designated through December 31, 2016 have been provided to MetLife for their records. Starting January 1, 2017, if you wish to update your beneficiary(ies), you must complete the applicable MetLife beneficiary designation form and return it to MetLife. You can find beneficiary forms at http://www.benefitanswersplus.com/active_m/forms_insurance.html.
- **Group Universal Life (GUL) Insurance** — If you will be participating in GUL insurance effective January 1, 2017, you will be required to submit a new beneficiary designation form for this coverage. Please obtain the Group Universal Life beneficiary form at http://www.benefitanswersplus.com/active_m/forms_insurance.html. Complete and return the form directly to MetLife as instructed on the form. **Note:** Because your enrollment record will not be set up with MetLife until late December 2016, please do not submit your GUL beneficiary designation form before the end of December.
- **Savings Plan** — Your beneficiary elections on record with Fidelity for the Nokia Solutions and Networks Savings Plan (the “Nokia Savings Plan”) at the time of the transition to the new Nokia Savings/401(k) Plan will automatically be transferred to Aon Hewitt and will be honored unless you make a new designation. If you also participate in the Alcatel-Lucent Savings/401(k) Plan and have actively made a beneficiary election in that plan, the beneficiary election on file with the Alcatel-Lucent Savings/401(k) Plan is the beneficiary election that will be honored as of January 1, 2017, and will supersede the beneficiary election made with Fidelity, unless and until you make a new designation.
 - If you would like to make a new beneficiary election for the Nokia Savings/401(k) Plan, you may do so anytime after 9:00 a.m. ET on January 9, 2017. Simply log on to the YBR website at <http://resources.hewitt.com/nokia> to access your Savings Plan account. Select “Your Profile” in the primary tiles and then select “Beneficiaries.” Or, call the Nokia Benefits Resources Center at 1-888-232-4111.

Please note: You, the employee, are automatically the beneficiary of spouse/child life and spouse/child accidental loss Insurance coverages. No beneficiary forms are required.

Coming Your Way: Tax Form 1095

As required by the Affordable Care Act (ACA; healthcare reform), employers must provide IRS Form 1095-C to certain (but not all) plan participants each year. The form serves as proof that you met the ACA’s requirement for having qualifying healthcare coverage during the year. If this applies to you, you should expect to receive your 2016 Form 1095-C by early February 2017.

Form 1095 indicates the months of the year that you (and your dependents, if applicable) were offered or were enrolled in medical coverage during 2016. You may need Form 1095 or the information it includes in order to file your federal tax return for 2016. Nokia cannot offer tax advice, so you might consider consulting a tax advisor for further guidance on Form 1095. (**Please note:** Form 1095 will not replace any state forms you may receive that provide proof of medical insurance.)

This communication is intended to highlight some of the benefits provided to eligible participants under the Nokia benefit plans. More detailed information is provided in the official plan documents. In the event of a conflict between any information contained in this communication and the terms of the plans as reflected in the official plan documents, the official plan documents shall control. The Board of Directors of Alcatel-Lucent USA Inc. (doing business as Nokia) (the "Company") (or its delegate[s]) reserves the right to modify, suspend, change or terminate any of the benefit plans at any time. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the Company. The Company cannot be bound by statements about the plans made by unauthorized personnel.

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