

2017 Enrollment Action Guide

For Legacy Nokia Participants*

It's time to get to know your health and welfare benefits for 2017.

You may enroll for your 2017 benefits:

- **Online only:**

Monday, October 24, 2016 – Sunday, October 30, 2016

- **Online and by Phone:**




Monday, October 31, 2016 – Friday, November 11, 2016

You must take action before Friday, November 11, 2016 at 5:00 p.m. , Eastern Time. Late enrollments will not be accepted.

Get
Started
Now



How to use this guide:

➤ First, click the “Get started now” button. ➤ Then, click through the guide using the navigation buttons    on the bottom left side of each page. ➤ You can also go directly to a section using the navigation on the left side of each page.

*This guide applies only to employees of Nokia Networks US SON LLC and Nokia Solutions and Networks US LLC.

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2017 Annual Open Enrollment

Welcome to Annual Open Enrollment for your 2017 health and welfare benefits!

For 2017, you will have all-new choices for your health and welfare benefits. Your new benefits will be comparable to the coverage you have today.

You will also have a new health and welfare benefits administrator for 2017 and later — Aon Hewitt — along with a new, personalized benefits website, [Your Benefits Resources™ \(YBR\)](#), and a new benefits service center, the Nokia Benefits Resource Center.

Take this time to evaluate your options, choose the coverage that makes the most sense for you (and your family, if applicable) and complete your enrollment online through the [YBR website](#) or by calling the Nokia Benefits Resource Center. Your new benefit elections will take effect January 1, 2017.

Important: You must take action before Friday, November 11, 2016 at 5:00 p.m., ET. Late enrollments will not be accepted.

You may enroll:

Online Only:

October 24, 2016 – October 30, 2016

Make your 2017 Nokia health and welfare benefits elections on the YBR website at <http://resources.hewitt.com/nokia> beginning Monday, October 24, 2016 at 9:00 a.m., Eastern Time (ET), through Sunday, October 30, 2016. During this time, you may view your 2017 coverage options (including your [default coverage](#) and costs, as well as enroll in or make changes to your 2017 default coverage — online only — using the YBR website. **If you call the Nokia Benefits Resource Center during this time, representatives will not be able to answer your questions or take your enrollment elections.**

Online and by Phone:

October 31, 2016 – November 11, 2016

Enroll in and/or change your 2017 Nokia health and welfare benefits coverage elections (including your [default coverage](#)) online on the [YBR website](#) or by calling the Nokia Benefits Resource Center starting on Monday, October 31, 2016 at 9:00 a.m., ET, through Friday, November 11, 2016 at 5:00 p.m., ET.

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What Is Default Coverage?

Your default coverage is the Nokia health and welfare benefits coverage you and your covered dependent(s) will be automatically enrolled in for 2017 if you do not take any action during the annual open enrollment period provided that you and your dependent(s) remain eligible for coverage on January 1, 2017.

Because your default coverage for 2017 will be different than your 2016 coverage, it is especially important to confirm that your default coverage is the coverage that you want for 2017.

You can find your default coverage on the YBR website at <http://resources.hewitt.com/nokia> during your annual open enrollment period: Monday, October 24, 2016 at 9:00 a.m., ET, through Friday, November 11, 2016 at 5:00 p.m., ET.

If you would like a record of your default coverage to be sent to you, please follow the instructions outlined in [How to Request Copies of Annual Open Enrollment Information by Telephone](#).

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Do You Need to Take Action During the Annual Open Enrollment Period?

That depends. If you do not take action during annual open enrollment, you and any covered family members will be automatically assigned (that is, defaulted into) new coverage for 2017, provided that you and your family members remain eligible for coverage on January 1, 2017. Your default coverage will be different than — yet comparable to — the coverage you have today. **You can see your [default coverage](#) for 2017 on the YBR website during your annual open enrollment period.**

To ensure that you (and your family, if applicable) have the coverage that best meets your needs for the coming year, be sure you understand your default coverage and how it will work. Then, consider your benefit needs and any changes in your personal situation, explore your benefit options and choose the coverage that makes the most sense for you in 2017.

Even if you decide to keep your default coverage, it is still a good idea to review **all** your options every year.

You must take action if you want to:

- Choose coverage other than your default coverage (as shown on the [YBR website](#) during the annual open enrollment period);
- Add† or remove dependent(s) from coverage; and/or
- Make a contribution election to a Health Care Flexible Spending Account (HFSA) and/or Dependent Care Flexible Spending Account (DFSA).

Remember: If you do not take action by your annual open enrollment deadline, you will receive the default coverage shown on the [YBR website](#) during your annual open enrollment period, and you will not be able to participate in an HFSA and/or DFSA in 2017.

† Before you add new dependents to coverage, make sure they meet the Nokia eligibility rules. You can view eligibility rules [here](#) or on the [YBR website](#) starting on October 24, 2016. You will be asked to verify the eligibility of the dependent(s) you enroll for coverage, if they have not already completed the dependent verification process.

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Introducing the Your Benefits Resources™ (YBR) Website

The YBR website at <http://resources.hewitt.com/nokia> is your go-to place to plan, review and choose your Nokia health and welfare benefits for 2017 and later.

It is available from your computer, tablet or smartphone.

YBR makes it easy for you to:

- Learn about your health and welfare benefits,
- Use tools to help you compare and choose your benefits,
- Find doctors, dentists, hospitals, labs, other facilities and providers in your health plans' networks, and
- Make your benefit elections during annual open enrollment for 2017 and later.

Starting January 1, 2017, you will also use YBR to make certain changes to your benefit coverage if you have a qualifying life event, such as getting married or having or adopting a child, during the year.

Important: You must take action before Friday, November 11, 2016 at 5:00 p.m., ET. Late enrollments will not be accepted.

Watch the “Get to Know Your Benefits Resources (YBR)” Video

Find out how the YBR website makes it easy to choose your benefits during the annual open enrollment period and how it helps you during the year.

In just a few minutes, you will get an overview of the site's key features, have the opportunity to walk through the enrollment process and more.

You can access the video [here](#).

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Introducing the Your Benefits Resources™ (YBR) Website

How to Get Your User ID and Password

To log on to the [YBR website](#) and access your personal information, you will need a User ID and password. Here is how to get them:

- The first time you access the site, you will be asked to identify yourself by entering the last four digits of your Social Security Number and your date of birth. You will then be prompted to create a User ID and password.
- You will also be asked to answer a few security questions (for example, the name of the street you grew up on or your first pet's name). That way, if you ever forget your User ID or password, you can access the YBR website by correctly answering the security questions. Keep your User ID and password in a safe, secure place!
- **Cannot remember your User ID or password?** Click on “I Forgot My User ID” or “I Forgot My Password” and follow the prompts. To protect your personal information, you will need to answer the security questions you set up during a previous site visit. Your new User ID and/or password will be emailed to you. If you do not have email access or cannot answer the security questions, a new temporary User ID and/or password will be mailed to your home address within 10 business days.

Have Questions or Concerns About Your 2016 Nokia Health and Welfare Benefits?

Continue to contact the Nokia Benefits Center for answers to your questions or to make any allowed changes to your 2016 benefits (e.g., if you experience a qualifying life event) through December 31, 2016.

The YBR website and the Nokia Benefits Resources Center can only provide assistance related to your 2017 Nokia benefits.

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Introducing the Nokia Benefits Resource Center

If you do not have access to the Internet or you need help using the YBR website, or if you have questions or concerns about your Nokia benefits for 2017 and later, call the Nokia Benefits Resource Center at 1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada). Representatives are available between 9:00 a.m. and 5:00 p.m., ET, Monday through Friday.

When you call the Nokia Benefits Resource Center, you will hear a recorded message and menu. To reach a representative:

- **During the online and phone enrollment period (October 31, 2016 – November 11, 2016),** say “open enrollment” anytime during the call if you have a question about enrollment.
- **After the annual open enrollment period closes on November 11, 2016,** say “all other questions” if you have questions related to your enrollment elections or about using the YBR website.

For Your Protection

You will need to provide a password in order for a representative to access your personal information.

- Already created a password for the YBR website? Great! You will use the same password for the Nokia Benefits Resource Center.
- Haven't set up your password yet? No worries — a representative will tell you how to create one.
- Forgotten your password? The system will tell you how to reset it.

It's that easy!

Cut the Clutter!

Prefer to correspond with the Nokia Benefits Resource Center via email instead of regular mail? No problem! All it takes is your email address.

Log on to the [YBR website](#) anytime. Click the “Go Paperless” tile under “Highlights for You.” Follow the prompts to choose your preferred method of delivery (electronically or postal mail) for required notices and other correspondence, and verify your contact information.

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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.

Get Ready to Rally

Rally is a user-friendly digital experience on myuhc.com® that will engage you by using technology, gaming and social media to help you understand, learn and support you on your health journey. 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.

To participate, you must be enrolled in a UnitedHealthcare medical plan option. You can access Rally at www.myuhc.com from your computer, tablet or smartphone anytime.

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Effective January 1, 2017:

- **The spousal surcharge** will no longer apply if you cover your spouse or domestic partner under your Nokia medical plan option and he or she has access to medical coverage through his or her employer.
- **The tobacco surcharge** will be eliminated and will no longer apply to the employee or spouse or domestic partner who uses tobacco and is covered under a Nokia medical plan option.

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Effective January 1, 2017, two point of service (POS) options — the **Enhanced POS and Standard POS options** — will replace the current medical plan options.

- Both options cover the same medical services through **UnitedHealthcare** and provide prescription drug coverage through **Express Scripts**. The Enhanced POS option provides a higher level of coverage.
- You do not need to select a primary care physician (PCP) or get a referral to see a specialist. You can use any provider you choose, but you will pay less if you use providers in the UnitedHealthcare network. Be sure to confirm whether your current providers (doctors, hospitals, labs, etc.) are in-network before using your POS coverage in 2017.
 - **Tip:** To find an in-network POS provider on the [UnitedHealthcare website](#), click on “Find Physician, Laboratory or Facility” and then choose your plan:
- **If you live in Maine, Massachusetts or New Hampshire**, choose “UnitedHealthcare® Choice Plus with Harvard Pilgrim.”
- **If you live in any other state**, choose “UnitedHealthcare® Choice Plus.”

You can also find in-network providers using the [YBR website](#).

To Learn More

See [Benefits At-a-Glance](#) for a summary of the key features of the Enhanced and Standard POS options, including prescription drug coverage.

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- The POS options will expressly cover Applied Behavior Analysis (ABA) therapy for eligible dependents age 11 and under with a primary diagnosis of autism spectrum disorder. Coverage is at the in-network, outpatient, mental health rate and is subject to pre-certification requirements. For eligible dependents age 12 and older, support is available to help you navigate community, state, federal and educational resources. For more information, contact UnitedHealthcare's Optum Advocate at 1-800-577-8539 after January 1, 2017. Except as provided above, ABA therapy is expressly excluded from coverage under the plan.
- Information about mail order medications and prior authorizations already on file will be transferred from UnitedHealthcare to Express Scripts, so you will not have to request new prescriptions from your doctor for these.
- Nokia is committed to keeping the cost of your prescription drugs down while providing you with the coverage you need. With this goal in mind, Express Scripts uses a set of coverage management programs to determine how the Prescription Drug Program will cover certain prescription drugs. Express Scripts will notify you if any of these programs apply to you.

Save Money and Time with Mail-Order Prescription Drugs

To avoid paying a higher cost for maintenance drugs, you will need to use the mail-order program. Prescription drug copayments will **double** after the third time you receive a maintenance drug (a prescription you are taking for a long-term or chronic condition) at any retail pharmacy.

When you use the Express Scripts mail-order program, you will pay less for prescription drugs and save yourself trips to the pharmacy.

See [Benefits At-a-Glance](#) for specific coverage details. To find an in-network pharmacy, or to begin using mail order for your prescriptions, visit www.express-scripts.com.

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- Virtual visits will be available. 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. A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10 – 15 minutes. 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 non-emergency condition. Visit www.myuhc.com to learn about virtual visits.
- You will receive member ID cards from your new medical (UnitedHealthcare) and prescription drug (Express Scripts) carriers by January 1, 2017. If you have not received your new card(s) by January 1, you may print them from the carriers' websites. For carrier contact information, see [Benefits At-a-Glance](#) or, starting October 24, visit the [YBR website](#).
- Neither POS option offers a Health Reimbursement Account (HRA) nor do Internal Revenue Service (IRS) rules allow you to contribute to a Health Savings Account (HSA) while you are enrolled in a POS option. However, you can enroll in a Health Care Flexible Spending Account (HFSA) to pay for eligible healthcare expenses. See [Flexible Spending Accounts](#) (FSAs) to learn more.
 - **Tip:** If you participated in an HRA through Nokia or are contributing to an HSA, see "[Several Legacy Nokia Medical and Prescription Drug Plan Offerings Will No Longer Be Available](#)" for information about using these accounts in 2017 and later.
- Enrolling in a POS option also gives you access to several UnitedHealthcare resources: UnitedHealthcare OptumHealthSM NurseLine and Live Nurse Chat, UnitedHealthcare Cancer Resource Services (CRS), Healthy Pregnancy Program, Congenital Heart Disease Program (CHD) and UnitedHealthcare Resources Networks (URN) Transplant Resource Services. For carrier contact information, see [Benefits At-a-Glance](#).

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You May Have Additional Nokia Medical Plan Options

The medical plan options available to you can vary. Visit the [YBR website](#) during your annual open enrollment period to see the option(s) that will be available to you in 2017.

For example, depending on your personal situation, you may have additional Nokia medical plan options to choose from, such as health maintenance organizations (HMOs).

HMO availability is determined by ZIP codes on file with Nokia, and these options are offered only in certain areas. For information about the HMOs available to you:

- Visit the [YBR website](#) anytime during your annual open enrollment period;
- Call the Nokia Benefits Resource Center at 1-888-232-4111 between October 31, 2016 and November 11, 2016 or
- Contact the HMO you are considering directly; see [Benefits At-a-Glance](#).

Other Changes May Apply to HMO Coverage

Unless noted, the changes in this guide do not apply to HMO options. You will need to check the [YBR website](#) during the annual open enrollment period or contact the HMO carriers directly for their 2017 plan design. See [Benefits At-a-Glance](#) for carrier contact information.

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Several Legacy Nokia Medical and Prescription Drug Plan Offerings Will No Longer Be Available

Effective January 1, 2017, the following medical and prescription drug plan offerings will be discontinued:

- **Health Reimbursement Account (HRA).** Nokia will no longer offer the Low Bridge Plan with the Health Reimbursement Account (HRA). However, you will be able to use any remaining funds in your HRA to pay for eligible expenses, such as deductibles and copayments, incurred in a 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. So if you are currently enrolled in the UnitedHealthcare High Deductible Plan, are contributing to an HSA and enroll in Nokia medical coverage for 2017, Internal Revenue Service (IRS) rules will not allow you to contribute to your HSA after December 31, 2016.

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 health care expenses in the future. The choice is yours!

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Several Legacy Nokia Medical and Prescription Drug Plan Offerings Will No Longer Be Available

- **Diabetes Health Plan (DHP).** If you or a family member currently participates in this program, please note: Starting in 2017, if you have a diagnosis of pre-diabetes or diabetes, doctor visits and prescriptions, as well as diabetes-related medications and supplies, will be covered like any other eligible service or supply under the medical plan.
- **Maternity Support Program.** The UnitedHealthcare Maternity Management program will replace the UnitedHealthcare Maternity Support program. Like the current program, the Maternity Management program provides education and support during pregnancy, delivery and post-partum.
- **Retail 90 Prescription Program.** The option to purchase a 90-day supply of a maintenance medication from a participating retail pharmacy will not be available. However, you can still purchase maintenance prescriptions through mail order. Be sure that you review and understand the medical plan's rules regarding the purchase of maintenance medications at a retail pharmacy. See "[Save Money and Time with Mail-Order Prescription Drugs](#)" for a brief overview.

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New Benefit Available as of January 1, 2017:

Retiree Medical and Dental Coverage for Medicare-Eligible Retirees and Dependents

If you meet either of the following criteria upon termination of employment:

- Attaining age 50 with 15 years of service, or
- Attaining age 55 with 10 years of service,

Upon becoming eligible for Medicare, you and your Medicare-eligible dependents will be eligible for Nokia retiree medical and dental coverage — provided that Nokia continues to offer such coverage and provided further that you and your Medicare-eligible dependents meet the eligibility criteria for such coverage at that time — but your non-Medicare-eligible dependents will not.

If retiree medical and dental coverage is available to you, you will receive an enrollment package upon retirement or approximately three months before you turn age 65, whichever is later.

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What's Changing for 2017 Dental

Effective January 1, 2017, two new dental plan options — the **Enhanced and Standard Dental options** — will replace your current dental plan.

- Both options will cover similar dental services through **MetLife**, the new dental carrier for 2017. The Enhanced Dental option provides a higher level of coverage.
- You do not need to select a primary care dentist or get a referral to see a specialist. You can use any dentist you choose, but you will pay less if you use dentists in the MetLife Preferred Dentist Program (PDP) Plus network. Learn more about the [MetLife PDP Plus network](#).
 - **Tip:** To find a network dentist:
 - Click on the “Find a Dentist” link to search for network providers when comparing your dental options on YBR, or
 - Visit www.metlife.com/mybenefits, sign in using the company code (“US-Nokia”) and enter your ZIP code where prompted.
- 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.
- The annual maximum benefit carryover will be eliminated. You will no longer be allowed to carry forward any additional unused maximum calendar year benefits. Effective January 1, 2017, benefits will be limited to the maximums noted in each plan option. Amounts you may have carried forward from prior years into 2016 with UnitedHealthcare may be used toward eligible 2016 expenses claimed with UnitedHealthcare according to the terms of the plan.

To Learn More

See [Benefits At-a-Glance](#) for a summary of the key features of the Enhanced and Standard Dental options. You can also refer to the dental plan comparison charts that will be available on the [YBR website](#) during enrollment opportunities. Just follow the prompts on the Dental page when you log on to enroll for your 2017 benefits.

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Dental

- If you or a covered family member is in the middle of a course of treatment on December 31, 2016, and your current provider will not be participating in the MetLife network for 2017, you may be eligible for transition of care benefits. Some of the most common dental services that may be eligible for transition of care benefits under MetLife include orthodontic, endodontic (e.g., root canal) and prosthodontic services (e.g., crowns, bridgework and dentures).

– Orthodontic Services

- MetLife will obtain, from UnitedHealthcare, payment history and treatment plan information incurred prior to January 1, 2017. After that date, you may receive benefits, up to the lifetime maximum, under the MetLife plan option you select. This process ensures that the total benefit paid between the two carriers does not exceed the lifetime orthodontia maximum of the MetLife plan option you select. Once your coverage is effective with MetLife, the first orthodontia claim you submit to MetLife must include the orthodontia treatment plan. Orthodontia reimbursements are made on a quarterly basis.

– Other Services

- For other types of dental work in progress, such as root canals, crowns, bridgework and dentures, MetLife will obtain, from UnitedHealthcare, payment history. For these services that began in 2016 and will be completed in 2017, you should advise your dentist to submit claims to MetLife based on completion date (the date the work is completed), not the date the work began.

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

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 pays³ (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.

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The table on the previous page 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 dental plan option 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 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.

¹Based 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.

²The 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.

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

⁴The 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.

⁵Certain 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.

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What's Changing for 2017 Flexible Spending Accounts (FSAs)

Effective January 1, 2017, Aon Hewitt's Your Spending Account™ (YSA) will become the administrator for the Health Care Flexible Spending Account (HFSA) and Dependent Care Flexible Spending Account (DFSA).

The YSA website (accessible directly from the [YBR website](#)) provides all the tools and information you need to manage your account(s). For example, you can view your account balance(s), submit and check the status of claims, learn about eligible expenses and more.

If you enroll in an FSA for 2017, you will receive a welcome email from YSA in December. Shortly after you receive your welcome email, 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.

To Learn More

If you have questions about the 2017 FSAs, visit the Plan Information page on the [YBR website](#) anytime starting October 24, 2016. You will find links to the FSA SPD and to lists of eligible expenses.

Starting October 31, 2016, you may also call the Nokia Benefits Resource Center at 1-888-232-4111. Representatives are available between 9:00 a.m. and 5:00 p.m., ET, Monday through Friday.

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FSA Overview

- You must actively elect an HFSA and/or DFSA during the annual open enrollment period each year. **Elections do not roll over year-to-year.** So if you do not actively elect to contribute to an HFSA and/or DFSA during this annual open enrollment period, you will not participate in either or both accounts in 2017.
- You contribute from your pay in before-tax dollars each year to either or both accounts as follows:
 - **HFSA:** Between \$100 and \$2,550. (The \$100 minimum is new for 2017.) Use the money to pay for eligible **healthcare expenses** like deductibles, coinsurance and copayments for yourself and your eligible dependents.
 - **New “grace period”:** You will have an additional 2½-month grace period during which you may incur eligible expenses against your account balance. So if you enroll 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.**
 - **The deadline for filing all your HFSA claims for reimbursement is April 15, 2018.**
 - **DFSA:** Between \$100 and \$5,000. Use the money to pay for eligible **dependent care expenses** like child and elder day care when you are at work.
 - If you enroll 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.** There is no grace period for the DFSA.
 - **The deadline for filing all your DFSA claims for reimbursement is April 15, 2018.**

If You Are Enrolled in a UnitedHealthcare Health Care and/or Dependent Care FSA for 2016

December 31, 2016 is the last day you can use your UnitedHealthcare Health Care Spending Card to pay for eligible expenses.

Be sure to submit any claims for eligible 2016 FSA expenses to UnitedHealthcare by March 31, 2017. UnitedHealthcare will reject any claims submitted after that date 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.

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Flexible Spending Accounts (FSAs)

FSA Overview

- YSA gives you several options for submitting your claims for reimbursement:
 - **For HFSA claims only:** Use your YSA debit card.
 - **For HFSA and DFSA claims:** Upload your claims to the YSA website or the YSA Reimburse Me app, or mail or fax them to YSA.
- **Use it or lose it.** Internal Revenue Service (IRS) rules require that any unused funds in your account(s) be forfeited. To avoid forfeiting any funds in your 2017 FSA(s), you must use up all the funds in your account(s) and submit all claims for reimbursement to YSA as follows:
 - **HFSA:** All eligible expenses must be incurred by **March 15, 2018** and all claims for reimbursement must be uploaded, postmarked or faxed by **April 15, 2018**.
 - **DFSA:** All eligible expenses must be incurred by **December 31, 2017** and all claims for reimbursement must be uploaded, postmarked or faxed by **April 15, 2018**.
- **You must keep all your receipts for eligible expenses.** You may be asked to submit them for reimbursement. If you cannot provide proof of a claim with a receipt, YSA will deactivate your HFSA debit card and you will need to either submit payment to cover those expenses or submit substitute receipts for any other eligible out-of-pocket expenses. Your HFSA debit card will be reactivated once you have submitted the necessary payment or valid receipts.
- **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.

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What's Changing for 2017 Flexible Spending Accounts (FSAs)

Keep Track of These Key FSA Dates

As you prepare for the transition from UnitedHealthcare to YSA on January 1, 2017, keep track of these important dates:

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.
January 1, 2017	<ul style="list-style-type: none">• The new Plan Year begins.• Start using your 2017 YSA 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 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.

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

If you enroll for an HFSA for 2017, you will have access to a new online resource: FSASTore.com.

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.

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What's Changing for 2017

Life and Accidental Loss Insurance

Effective January 1, 2017, MetLife will become the new insurer for the Nokia life and accidental loss insurance plans, and you will see the following changes to your coverage options:

Automatic, Company-Paid Coverage

Basic Life Insurance

The current company-paid benefit of two times your annual base pay will continue, but up to an **increased** maximum of \$5 million.

Basic Accidental Death and Dismemberment (AD&D) Insurance

The current company-paid basic AD&D benefit of two times your annual base pay will continue, but up to an **increased** maximum of \$5 million.

Optional, Employee-Paid Coverage

Overview

For any supplementary life or accidental loss insurance coverage you elect for yourself or your dependents, you will pay for that coverage through **after-tax** payroll deductions. So you do not need to experience a qualified status change or wait until the next annual open enrollment period to change your coverage. You may add, drop, increase or decrease your coverage under any of these plans, subject to any applicable evidence of insurability (EOI) requirements, anytime during the year.

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Life and Accidental Loss Insurance

Optional, Employee-Paid Coverage

Group Universal Life Insurance

Group universal life insurance will replace the current supplemental life insurance. You will be able to choose coverage equal to one to 10 times your annual pay. However, your coverage options will no longer be based on your **annual base pay**. Instead, they will be based on your **total annual pay** (TAP; i.e., your annual base pay plus target bonus), up to an increased maximum of \$2 million.

Rates for this coverage have been established as a result of bringing the Nokia and Alcatel-Lucent populations together. Premiums will be based on your age and amount of coverage in effect.

As an example, assume that your annual base pay is \$100,000 and your TAP is \$120,000. If you are enrolled in supplemental life insurance coverage equal to three times annual base pay (\$300,000) and take no action during the annual open enrollment period, you will automatically be enrolled in group universal life insurance coverage at three times annual pay. However, because your 2017 coverage will be based on your TAP rather than your annual base pay, it will be equal to \$360,000 (three times \$120,000).

You will not need to provide evidence of insurability (EOI) unless you **actively** elect coverage that is higher than your default coverage, or if you newly enroll for coverage of any amount. You can see your default coverage on the [YBR website](#) during your annual open enrollment period.

Please note that if you are enrolled in group universal life insurance coverage, you also have the option to contribute to an interest-bearing cash fund account. This is a personal account for which you make fixed-dollar contributions via payroll deduction.

Your cash fund account is not taxed unless you withdraw more than you have contributed. You may use the balance in your account to pay for your cost of insurance in retirement or to purchase paid-up insurance. Any balance remaining in your account at the time of your death will be added to your life insurance amount and paid income tax-free to your beneficiaries.

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Optional, Employee-Paid Coverage

Group Universal Life Insurance (continued)

You may change your cash fund account contribution anytime, as long as you are enrolled in group universal life insurance coverage. For more information, contact MetLife.

In addition, for group universal life insurance participants, Estate Resolution Services will be an added feature of the coverage. This feature covers attorney fees for probating the estate of the insured when using a participating plan attorney. It also provides advice and in-person and telephone consultations for beneficiaries. More information regarding this program will be provided at a later date.

Spouse Life Insurance

New flat-dollar coverage options will replace the current annual pay-based coverage options. You will choose from the following new coverage options:

- \$10,000
- \$15,000
- \$20,000
- \$50,000
- \$75,000
- \$100,000
- \$150,000*
- \$200,000*
- \$250,000*

Tip: When enrolling, you will not be prompted to select the spouse or domestic partner for whom you are electing coverage. It is your responsibility to elect and maintain coverage only when you are married or in a domestic partnership. Furthermore, it is your responsibility to cancel coverage when you are no longer married or in a domestic partnership. See the [YBR website](#) for dependent eligibility rules.

If you are enrolled in spouse life insurance coverage and take no action during the annual open enrollment period, you will automatically be enrolled in (i.e., defaulted into) the new option that is at least equal to your existing coverage.

**If you are eligible for the \$150,000, \$200,000 and/or \$250,000 coverage options, please note that these options are age-based and can have a monthly cost that is significantly higher than the other available options.*

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Optional, Employee-Paid Coverage

Spouse Life Insurance (continued)

As an example, assume that you are enrolled in spouse life insurance coverage at one times annual pay and that is equal to \$80,000. If you do not take action during the annual open enrollment period, you will be automatically enrolled in the \$100,000 coverage option. You will not need to provide evidence of insurability (EOI) unless you **actively** elect coverage that is higher than your default coverage, or if you newly enroll in coverage of any amount. You can see your default coverage on the [YBR website](#) during your annual open enrollment period.

Child Life Insurance

You will have a new \$5,000 per child coverage option. The current \$10,000 and \$20,000 per child coverage options will continue to be available.

- You will not need to provide evidence of insurability (EOI) for any level of child life insurance coverage you elect.
- **Tip:** When enrolling, you will not be prompted to select the child(ren) for whom you are electing coverage. It is your responsibility to elect and maintain coverage only when you have at least one eligible child. Furthermore, it is your responsibility to cancel coverage when you no longer have any eligible child(ren). See the [YBR website](#) for dependent eligibility rules.

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Optional, Employee-Paid Coverage

Supplementary Accidental Loss Insurance

You can elect coverage for yourself equal to one to 10 times your annual base pay, up to a **reduced** maximum of \$1 million.

If you are enrolled in optional employee AD&D insurance coverage and take no action during the annual open enrollment period, you will automatically be enrolled in (i.e., defaulted into) the same amount of supplementary accidental loss insurance coverage.

Note that if you are enrolled in coverage that is higher than \$1 million, you will be allowed to keep that coverage as of January 1, 2017. However, if you ever reduce your coverage amount in the future, you will never be able to restore it above the \$1 million limit.

You will not need to provide evidence of insurability (EOI) for any level of supplementary accidental loss insurance coverage you elect for yourself.

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Optional, Employee-Paid Coverage

Spouse Accidental Loss Insurance

Your current coverage options of one to five times annual base pay will continue, but up to an **increased** maximum of \$500,000.

If you are enrolled in optional spouse/domestic partner AD&D insurance coverage and take no action during the annual open enrollment period, you will automatically be enrolled in (i.e., defaulted into) the same amount of spouse accidental loss insurance coverage.

- You will not need to provide evidence of insurability (EOI) for any level of spouse accidental loss insurance coverage you elect.
- **Tip:** When enrolling, you will not be prompted to select the spouse or domestic partner for whom you are electing coverage. It is your responsibility to elect and maintain coverage only when you are married or in a domestic partnership. Furthermore, it is your responsibility to cancel coverage when you are no longer married or in a domestic partnership. See the [YBR website](#) for dependent eligibility rules.

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Optional, Employee-Paid Coverage

Child Accidental Loss Insurance

You will have a new **\$5,000 per child** coverage option. The current \$10,000 and \$20,000 per child coverage options will continue to be available.

If you are enrolled in optional child AD&D insurance coverage and take no action during the annual open enrollment period, you will automatically be enrolled in (i.e., defaulted into) the same amount of child accidental loss insurance.

- You will not need to provide evidence of insurability (EOI) for any level of child accidental loss insurance coverage you elect.
- **Tip:** When enrolling, you will not be prompted to select the child(ren) for whom you are electing coverage. It is your responsibility to elect and maintain coverage only when you have at least one eligible child. Furthermore, it is your responsibility to cancel coverage when you no longer have any eligible child(ren). See the [YBR website](#) for dependent eligibility rules.

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Voluntary Benefits (Including Vision)

You will be able to choose from the following “voluntary benefits”: vision, legal, health advisory services, identity theft protection services, auto and home insurance and pet insurance.

All of these voluntary benefits will be available through American Benefits Consulting LLC's Added Benefits platform, not through Nokia. Note that Nokia does not make any endorsement of or representation regarding any product or service provided under this program.

Enrolling in Voluntary Benefits

If you want to enroll in any of the voluntary benefit options, you must do so through Added Benefits. You cannot enroll for voluntary benefits through the YBR website or the Nokia Benefits Resource Center.

Keep in mind that:

- **For vision, legal and health advisory services:** You can enroll for coverage through Added Benefits only during the annual open enrollment period for your Nokia health and welfare benefits.
- **For identity theft protection services, auto and home insurance and pet insurance:** Starting January 1, 2017, you can enroll in these benefits through Added Benefits anytime. Going forward, you can add or drop coverage in these benefits through Added Benefits anytime during the year.

For More Information

The enrollment information in this guide does not apply to voluntary benefits.

To learn more about your voluntary benefit options or to enroll, visit www.addedbenefitsaccess.com or call Added Benefits at 1-800-622-6045.

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Your Voluntary Benefit Options

You can choose from the following voluntary benefits for 2017:

Vision (Enroll during annual open enrollment only)

Effective January 1, 2017, two new vision plan options — the **Enhanced and Standard options** — will replace the current vision plan.

- Both options cover the same routine vision care services through EyeMed. The Enhanced option provides a higher level of coverage.
- You can use any provider you choose; however, you will pay less if you use providers in the EyeMed network.
 - **Tip:** Visit www.addedbenefitsaccess.com and select “Benefit Providers” under “Vision Care” to locate a network provider in your area.

Legal Services (Enroll during annual open enrollment only)

You and your family will continue to have access to professional legal representation for specific covered services through Hyatt Legal Plans. However, the plan design and costs may differ.

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Your Voluntary Benefit Options (continued)

Health Advisory Services (Enroll during annual open enrollment only)

If you or an immediate family member is faced with a serious, complex health problem, PinnacleCare health advisory services can help. You will be connected with an independent health advisor who can provide information, guidance and support in addition to that provided by your doctor and health plan. All services are confidential.

Pet Insurance (Enroll anytime)

You and your family will continue to have access to pet insurance to help pay for office visits, injections, hospitalization, surgery, prescriptions, testing and more for your injured or ill pet.

Auto and Home Insurance (Enroll anytime)

You can continue to enjoy special savings on auto and home insurance from national carriers; access to competitive rates and free, no-obligation quotes; multi-policy discounts; easy payment options; and more.

Identity Theft Protection Services (Enroll anytime)

Through our partnership with LifeLock®, you can purchase identity theft protection and restoration services at reduced monthly rates.

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Employee Assistance Program (EAP)

Effective January 1, 2017, Magellan will be the provider of EAP services. Your eligibility for the EAP will continue to be automatic; you do not need to enroll.

The EAP will offer you and your immediate household members free, confidential, 24/7 assistance for a wide range of medical and behavioral health issues, such as stress, anxiety, depression, relationship problems, job or work stress, parenting, alcohol and drugs, legal issues, financial concerns and dependent care issues.

Your EAP benefit will include up to **five** face-to-face counseling sessions per participant per issue per year. This is an increase from the current three-visit maximum.

To reach the EAP, call Magellan at 1-800-327-7348 or visit www.magellanhealth.com/member.

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Contribution Costs

Review the YBR website at <http://resources.hewitt.com/nokia> during the annual open enrollment period for your 2017 contribution costs.

Keep in mind: Although you are paid **biweekly** (26 pay periods per year), the YBR website and your enrollment confirmation will show your contribution costs as **monthly** paycheck deductions, not per-paycheck deductions.

To calculate the per-paycheck costs of your benefits coverage, multiply the monthly cost shown on YBR or your enrollment confirmation by 12, and then divide the result by 26.

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Healthcare Reform Reminders

In accordance with the Affordable Care Act (ACA; healthcare reform) you may:

- **See the value of your health coverage.** Employers must disclose the value of the employer-provided benefit for health insurance coverage on each participant's Form W-2.
- **Receive IRS Form 1095-C to keep for your tax records.** Employers must provide 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 no later than January 31, 2017.
- **See a summary of your health plan option's benefits and coverage.** Employers must provide participants with a Summary of Benefits and Coverage (SBC) in order to compare health plans when making decisions and enrolling in coverage. SBC(s) for the health plan option(s) you are eligible for will be available on the YBR website at <http://resources.hewitt.com/nokia> beginning on October 24, 2016.

Changes in Your Doctor's or Healthcare Provider's Network Participation Are Not Considered Qualified Status Changes

Medical carriers' contracts with network providers may expire at any time during the year. You cannot make changes to your coverage and/or add/drop dependents outside of the annual open enrollment period due to these types of changes. Visit the YBR website at <http://resources.hewitt.com/nokia> for more information about qualified status changes in 2017. (For information about qualified status changes during the remainder of 2016, contact the Nokia Benefits Center.)

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Imputed Income

The value of the company's cost for some benefits coverage is considered "imputed income" — i.e., taxable income to you. Imputed income will apply if:

- Your company-paid basic life insurance coverage is more than \$50,000. The value of the amount over \$50,000 is considered imputed income.
- You enroll your same-sex or opposite-sex domestic partner in medical or dental coverage. The value of Nokia's contribution toward the cost of that coverage is considered imputed income. You may want to consult with a personal tax advisor about other tax implications.

Review Your Permanent Address on File

The Nokia Benefits Resource Center recognizes your permanent address on file as your mailing address. Please be sure to keep it current.

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The easiest and most convenient way to access the information you need to enroll is through the YBR website at <http://resources.hewitt.com/nokia> during the annual open enrollment period. However, if you do not have Internet access, or if you have Internet access but prefer to have a copy of the enrollment information sent to you, you must make your request through the Nokia Benefits Resource Center's automated telephone system only.

Like YBR, the automated telephone system is easy and convenient to use. **Starting October 24, 2016**, just follow these three simple steps:

1. Call the Nokia Benefits Resource Center at 1-888-232-4111.
2. When prompted, enter the last four digits of your Social Security Number and your date of birth (mm-dd-yyyy). (You may also be prompted to enter your ZIP code.) No password required!
3. Anytime during the "It's annual enrollment time!" greeting, say "annual enrollment" and then:
 - To request a copy of your annual open enrollment kit, say "request enrollment kit," or
 - To request a copy of your default coverage record, say "send enrollment confirmation."Your default coverage record is a record of the coverage that is currently on file with the Nokia Benefits Resource Center and that will be in place for you on January 1, 2017 if you **do not** make any changes during annual open enrollment.

The copy(ies) that you have requested will be mailed to your address on file within seven to 10 business days.

You will have the option to sign up to receive communications from the Nokia Benefits Resource Center electronically when you log in to the YBR website. Note that if you sign up to receive communications electronically, the copy of your default coverage record will be sent to your Secured Participant Mailbox on YBR within one business day. Annual open enrollment kits are always sent via US Postal Service mail. See "[How to Enroll](#)" for more information.

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You May Enroll for Your 2017 Nokia Benefits:

Online Only: October 24, 2016 – October 30, 2016

Make your 2017 Nokia health and welfare benefits elections on the YBR website at <http://resources.hewitt.com/nokia> beginning Monday, October 24, 2016 at 9:00 a.m., Eastern Time (ET), through Sunday, October 30, 2016. During this time, you may view your 2017 coverage options (including your [default coverage](#)) and costs, as well as enroll in or make changes to your 2017 default coverage — online only — using the [YBR website](#). **If you call the Nokia Benefits Resource Center during this time, representatives will not be able to answer your questions or take your enrollment elections.**

Online and by Phone: October 31, 2016 – November 11, 2016

Enroll in and/or change your 2017 Nokia health and welfare benefits coverage elections (including your [default coverage](#)) online on the [YBR website](#) or by calling the Nokia Benefits Resource Center starting on Monday, October 31, 2016 at 9:00 a.m., ET, through Friday, November 11, 2016 at 5:00 p.m., ET.

You must take action before Friday, November 11, 2016 at 5:00 p.m., ET. Late enrollments will not be accepted.

Enrolling through the YBR Website

Enrolling for your benefits on the [YBR website](#) is quick and easy.

Before you begin, make sure you have your User ID and password for the YBR website ready. (See [Introducing the Your Benefits Resources™ \(YBR\) Website](#) to find out how to get them.) You will also need to have any information — including Social Security Number(s) — for any new eligible dependent(s) you may be adding to your coverage.

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Enrolling through the YBR Website

Then, when you are ready to begin, keep in mind these helpful hints:

- **Set aside enough time** to complete the enrollment process without interruption. (After 15 minutes of inactivity on the YBR website, you will be automatically logged off and any elections made up to that point will not be saved.)
- **The first time you log on from a particular device**, you will be prompted to choose and answer a series of security questions. This will register your device with the YBR website and provide additional protection for your personal information.
- **You have the option to choose** how you would prefer to receive communications from the Nokia Benefits Resource Center. Click the “Go Paperless” tile under “Highlights for You.” Follow the prompts to choose your preferred method of delivery (electronically or postal mail) and verify your contact information. **Please note:**
 - Communications delivered electronically will get to you faster, while communications delivered by mail may take up to 10 days.
 - Your election for receipt of communications on the YBR website will not affect the method of delivery for your annual open enrollment kit. If you would like to have a copy of your annual open enrollment kit mailed to you, please follow the instructions outlined in [How to Request Copies of Annual Open Enrollment Information by Telephone](#).

Watch the “Get to Know Your Benefits Resources (YBR)” Video

Find out how the [YBR website](#) makes it easy to choose your benefits during the annual open enrollment period and how it helps you during the year.

In just a few minutes, you will get an overview of the site’s key features, have the opportunity to walk through the enrollment process and more.

You can access the video [here](#).

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Enrolling through the YBR Website

- **Review your dependent(s) on file for each of your benefit plans** — and make any updates or corrections.
 - **A Social Security Number is required for all covered dependents.** You must have your dependent's(s') Social Security Number(s) to enroll in or make changes to your coverage on the YBR website. If you do not have your dependent's(s') Social Security Number(s), you will need to call the Nokia Benefits Resource Center to enroll in or make changes to your coverage. Failure to provide the Social Security Number(s) could result in a loss of coverage for your dependent(s).
- **Click “Complete Enrollment”** when you are done making your elections or if you must log off the YBR website before completing your elections — otherwise, your elections made up to that point will not be saved. You can log back on and make any additional changes before your enrollment deadline (Friday, November 11, 2016 at 5:00 p.m., ET) even if you have already completed your enrollment.
- **You may save or print your elections** if you like. Save or print the “Completed Successfully!” page for your records when you are finished taking action.
- **Log off the YBR website** when you are finished to prevent others from viewing your information. When “You’ve Logged Off” appears on the screen, you will know your information is protected.
- **Watch for your enrollment confirmation** in your email. If you have a preferred email address on file, a detailed confirmation of enrollment statement will be emailed to you after you have completed your enrollment on YBR. The statement will show all your benefit elections as well as their monthly costs. Be sure to save it for your records.



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If you do not have access to the Internet, you can enroll in or make changes to your Nokia coverage by calling the Nokia Benefits Resource Center between October 31, 2016 and November 11, 2016. You can call the Nokia Benefits Resource Center at 1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada). Representatives are available from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.

When you call, you will hear a recorded message and menu. To reach a representative during annual open enrollment, say “open enrollment” anytime during the call.

For your protection, you will need to provide your password so that the representative can access your personal information. You will use the same password for the Nokia Benefits Resource Center that you use to log on to the YBR website.

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Nokia will provide these resources to help you conveniently manage your benefits for 2017 and later.

Available Starting October 24, 2016 Your Benefits Resources (YBR) Website http://resources.hewitt.com/nokia (personalized and password-protected)	Available Now Nokia Information Center Website NokiaInformationCenter.com (non-personalized — no password required)
<ul style="list-style-type: none">• View your default coverage for 2017• Review and compare your 2017 healthcare options and contribution costs — and enroll online! (October 24, 2016 – November 11, 2016)• Opt out of your 2017 coverage• Find a doctor or healthcare provider• Learn more about your Nokia benefits• Review, add or change your dependent's(s') information on file• Understand how a Life Event may change your benefits	<ul style="list-style-type: none">• Get your annual open enrollment materials• See benefits news and updates, including coverage tips and reminders• Find answers to your benefit questions• View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs)• Find carrier contact information

More to Come

Be sure to return to the Nokia Information Center website at NokiaInformationCenter.com in December for important coverage reminders and tips on using your benefits in 2017. You will find information about your medical plan ID cards, what to do when you experience a qualified status change during the year and more!



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These notices apply to the Nokia Medical Expense Plan for Management Employees and the Nokia Dental Expense Plan for Active Employees (the “Plans”) and comprise the following:

- [Legal Notices](#)
- [Notice of Privacy Practices](#)

This guide 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. This information is not a contract of employment, either expressed or implied, and does not create contractual rights of any kind between the Company and its employees or former employees.

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