NOKIA

2017 ENROLLMENT ACTION GUIDE

FOR LEGACY ALCATEL-LUCENT PARTICIPANTS IN THE ACTIVE MANAGEMENT PLAN DESIGN*

*The phrase "Active Management Plan Design" refers to the plan design applicable to US-based employees who are not union-represented employees covered by a collective bargaining agreement. It includes active employees; participants on a leave of absence (LOA) or Short Term Disability (STD); COBRA participants; and survivors in the Family Security Program (FSP).

2017 ANNUAL OPEN ENROLLMENT PERIOD

Updated Benefits and Enrollment Resources!

- The YBR website has a new address: **http://resources.hewitt.com/nokia**.
- The Benefits Center has a new name: **the Nokia Benefits Resource Center**.

Online-Only Enrollment Period: October 24, 2016 – October 30, 2016

You can make your elections on the Your Benefits Resources™ (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 and costs, as well as enroll in or make changes to your 2017 coverage — online only — using the YBR website.**

You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2017 coverage, or to ask questions about your 2017 plan options and pricing, until Monday, October 31, 2016 at 9:00 a.m., ET.

Online and Phone Enrollment Period: October 31, 2016 – November 11, 2016

You may enroll in and/or change your 2017 Nokia health and welfare benefits coverage elections 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.

Prepare to make your benefits decisions by reading the sections below.

WHAT'S CHANGING FOR 2017

(This section constitutes a Summary of Material Modifications [SMM] to the Summary Plan Descriptions [SPDs] of the health and welfare benefit plans described herein.)

The following changes to benefits coverage for legacy Alcatel-Lucent participants under the Nokia health and welfare benefit plans (the "Plans") will take effect on January 1, 2017.

Other Changes May Apply to HMO Coverage
Unless noted, the changes in this guide do not apply to Health Maintenance Organization (HMO) options. You will need to check the YBR website during the annual open enrollment period or contact the carriers of those options directly for their 2017 coverage changes. You can find carrier contact information on the back of your HMO ID card and in the Benefits At-a-Glance and Resource Contact Information booklet.

Medical Coverage Changes

Expanded Preventive Care Coverage

Effective January 1, 2017, all three medical plan options — the Enhanced Point of Service (POS) option, the Standard POS option and the Traditional Indemnity option — will provide a higher level of coverage for preventive care services:

Enhanced and Standard POS Options

- **In-network:** Both options will pay 100 percent of the provider's contracted rate. You will no longer pay the office visit copayment.
- **Out-of-network:** Both options will cover the same preventive care services that are covered in-network:
  - **The Enhanced POS option** will pay 70 percent of the reasonable and customary (R&C) fees, after you satisfy the deductible.
  - **The Standard POS option** will pay 60 percent of the R&C fees.

Traditional Indemnity Option

The Traditional Indemnity option will pay 100 percent of the R&C fees for all covered preventive care services.

Higher Copayments for Certain Medical and Prescription Drug Services

Effective January 1, 2017, copayments for certain services will increase as shown on the following page. Changes for 2017 are in ***bold italics***.

2017 ENROLLMENT ACTION GUIDE

FOR PARTICIPANTS IN THE ACTIVE MANAGEMENT PLAN DESIGN

	Enhanced Point of Service (POS)*		Standard Point of Service (POS)*	
	2016	**2017**	**2016**	**2017**
Service	**In-network**			
Physician Office Visit (Non-preventive services)	You pay $25 copayment per visit (primary care physician or specialist)	You pay ***$30*** copayment per visit (primary care physician or specialist)	**Primary care physician:** You pay $15 copayment per visit **Specialist:** You pay $40 copayment per visit	**Primary care physician:** You pay ***$20*** copayment per visit **Specialist:** You pay $40 copayment per visit (no change)
Inpatient Hospitalization	Plan pays 90%	Plan pays 90% (no change)	Plan pays 80% after you pay $500 copayment per admission	Plan pays 80% after you pay ***$650*** copayment per admission
Outpatient Surgery	Plan pays 90%	Plan pays 90% (no change)	Plan pays 80% after you pay $250 copayment per procedure	Plan pays 80% after you pay ***$300*** copayment per procedure
Emergency Room	Plan pays 100% after you pay $50 copayment; waived if admitted	Plan pays 100% after you pay ***$65*** copayment; waived if admitted	Plan pays 100% after you pay $100 copayment; waived if admitted	Plan pays 100% after you pay ***$125*** copayment; waived if admitted
Chiropractic Care	You pay $25 copayment per visit; limited to 30 visits per year	You pay ***$30*** copayment per visit; limited to 30 visits per year	Plan pays 80%; limited to 30 visits per year	Plan pays 80%; limited to 30 visits per year (no change)
Prescription Drugs — Retail (up to a 30-day supply)	You pay: **Generic:** $10 copayment **Formulary Brand:** $40 copayment **Nonformulary Brand:** $60 copayment	You pay: **Generic:** ***$12*** copayment **Formulary Brand:** ***$50*** copayment **Nonformulary Brand:** ***$80*** copayment	You pay $7 copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket maximum of $75 per prescription	You pay ***$10*** copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket maximum of ***$100*** per prescription
Prescription Drugs — Mail Order (up to a 90-day supply)	You pay: **Generic:** $25 copayment **Formulary Brand:** $100 copayment **Nonformulary Brand:** $150 copayment	You pay: **Generic:** ***$30*** copayment **Formulary Brand:** ***$125*** copayment **Nonformulary Brand:** ***$200*** copayment	You pay $15 copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket maximum of $150 per prescription	You pay ***$20*** copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket maximum of ***$200*** per prescription
Service	**Out-of-network**			
Inpatient Hospitalization	Plan pays 70% after you satisfy the deductible and pay $200 copayment per admission	Plan pays 70% after you satisfy the deductible and pay ***$250*** copayment per admission	Plan pays 60% after you pay $200 copayment per admission	Plan pays 60% after you pay ***$250*** copayment per admission
Emergency Room	Plan pays 100% after you pay $50 copayment; waived if admitted	Plan pays 100% after you pay ***$65*** copayment; waived if admitted	Plan pays 100% after you pay $100 copayment; waived if admitted	Plan pays 100% after you pay ***$125*** copayment; waived if admitted
Prescription Drugs (Retail)	Plan pays 70% after you satisfy a separate deductible: **Individual:** $100 **Two-person:** $200 **Family:** $300	Plan pays 70% after you satisfy a separate deductible: **Individual:** ***$125*** **Two-person:** ***$250*** **Family:** ***$375***	Plan pays 60% coinsurance for generic drugs and 50% coinsurance for brand-name drugs, after you satisfy a separate deductible: **Individual:** $100 **Two-person:** $200 **Family:** $300	Plan pays 60% coinsurance for generic drugs and 50% coinsurance for brand-name drugs, after you satisfy a separate deductible: **Individual:** ***$125*** **Two-person:** ***$250*** **Family:** ***$375***

*Where coverage is expressed as a percentage, it is a percentage of the provider's contracted rate (for in-network services) or of the reasonable and customary (R&C) fee (for out-of-network services).

Higher Annual Deductibles and Out-of-Pocket Maximums for the Enhanced POS

Effective January 1, 2017, the annual deductibles and out-of-pocket maximums for the Enhanced POS will increase as follows:

	Enhanced Point of Service (POS)	
Feature	**2016**	**2017**
Annual Out-of-Network Medical Deductible	▪ **Individual:** $500 ▪ **Two-person:** $1,000 ▪ **Family:** $1,500	▪ **Individual:** $650 ▪ **Two-person:** $1,300 ▪ **Family:** $1,950
Annual Medical Out-of-Pocket Maximum	**In-Network:** ▪ **Individual:** $1,200 ▪ **Two-person:** $2,400 ▪ **Family:** $3,600 **Out-of-Network:** ▪ **Individual:** $3,000 ▪ **Two-person:** $6,000 ▪ **Family:** $9,000 (Excludes deductible)	**In-Network:** ▪ **Individual:** $1,600 ▪ **Two-person:** $3,200 ▪ **Family:** $4,800 **Out-of-Network:** ▪ **Individual:** $4,000 ▪ **Two-person:** $8,000 ▪ **Family:** $12,000 (Excludes deductible)
Annual Prescription Drug Out-of-Pocket Maximum (In-Network)	$2,000 per person	$2,600 per person

Higher Out-of-Pocket Maximums for the Traditional Indemnity Option

Effective January 1, 2017, the annual out-of-pocket maximums for the Traditional Indemnity option will increase as follows:

	Traditional Indemnity	
	2016	**2017**
Annual Medical Out-of-Pocket Maximum (Excludes Deductible)	▪ **Individual:** $1,500 ▪ **Two-person:** $3,000 ▪ **Family:** $4,500	▪ **Individual:** $1,800 ▪ **Two-person:** $3,600 ▪ **Family:** $5,400

Applied Behavior Analysis Therapy for Eligible Dependents Age 11 and Under

Effective January 1, 2017, the plan expressly covers 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 (Enhanced and Standard POS) or 1-800-577-8567 (Traditional Indemnity) after January 1, 2017. Except as provided above, effective January 1, 2017, ABA therapy is expressly excluded from coverage under the plan.

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. Effective January 1, 2017, your UnitedHealthcare medical plan option will offer a new alternative: virtual visits. 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 nonemergency condition. Visit www.myuhc.com to learn about virtual visits.

Expanded Prescription Drug Coverage Management Programs

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.

Updates to the coverage management program were made as of July 1, 2016. Express Scripts will notify you if this program applies to you.

Dental Coverage Changes

Elimination of the "Missing Tooth" Exclusion

Effective January 1, 2017, the MetLife Enhanced and Standard Dental options will no longer exclude coverage for treatment related to a tooth that was missing prior to the date your coverage began. Services related to a missing tooth will still be subject to all other plan provisions of the applicable plan option.

Additional Coverage Changes

Effective January 1, 2017, additional features of the MetLife Enhanced and Standard Dental options will change as shown below.

MetLife Enhanced Dental Option

- The orthodontia lifetime maximum will increase to $2,000 per individual.
- There will be new frequency limits for the following covered services:
  - Periodontal scaling/root planing: Once per quadrant during any 24-month period.
  - Periodontal surgery: Once per unique area during any 36-month period.

MetLife Standard Dental Option

The frequency limit for fluoride treatment will increase to twice per calendar year.

New for 2017 Annual Open Enrollment and Beyond
Watch for these changes:

- **Dental plan comparison charts available on the YBR website:** Starting with 2017 annual open enrollment, you will be able to see a side-by-side comparison of the MetLife Standard and Enhanced Dental Plan options right 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.
- **New online tool for locating network dentists:** Starting with 2017 annual open enrollment, when comparing your dental plan options on the YBR website, click the "Find a Dentist" link to search for network providers.
- **New company code for accessing and managing your dental benefits through MetLife's MyBenefits:** Sign in to www.metlife.com/mybenefits using the new company code: "US-Nokia."

New Eligibility Requirements for Retiree Healthcare

Effective January 1, 2017, for retirements occurring on or after that date, all eligible Nokia employees who have:

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

will have access to company-provided retiree healthcare (medical and dental) coverage **upon becoming Medicare-eligible**, provided the company continues to offer this benefit at that time. Access to company-provided retiree healthcare coverage means that the coverage is not subsidized by the company — it is entirely retiree-paid. However, the company maintains and administers the benefit plan.

This means that effective January 1, 2017, Nokia will no longer offer retiree medical and dental coverage to retirees who are not eligible for Medicare (except for Alcatel-Lucent retirees who retired before March 1, 1990) nor to such retirees' dependents. With respect to Medicare-eligible retirees, effective January 1, 2017, Nokia will no longer offer retiree medical and dental coverage to such retirees' non-Medicare-eligible dependents (except for eligible dependents of Alcatel-Lucent retirees who retired before March 1, 1990).

These changes will not affect you while you are an active employee but may affect you depending on your personal situation as follows:

If You Retire From Nokia Before You Are Medicare-Eligible

- You and your covered dependents have the opportunity to continue **active** medical and dental coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended).
- Alternatively, you and all your dependents — including any Medicare-eligible dependents — might wish to look to other sources for healthcare coverage.
  - **For you and any non-Medicare-eligible dependents:** In addition to the aforementioned COBRA active medical and dental coverage through Nokia (provided that you and your dependents are enrolled in active healthcare coverage at the time of your retirement), sources include coverage through your dependent's(s') employer(s) or former employer(s) (if available), the health insurance marketplace in your area and the individual insurance market.
  - **For any Medicare-eligible dependents:** In addition to the aforementioned COBRA active medical and dental coverage through Nokia (provided that your dependents are enrolled in active healthcare coverage at the time of your retirement), sources include coverage through their employer(s) or former employer(s) (if available) and Medicare supplemental insurance from an insurance company, broker or other resource that offers Medicare supplement plans. The Affordable Care Act (healthcare reform) does not permit Medicare-eligible individuals to buy health insurance through the health insurance marketplace.
- Once you become eligible for Medicare after retirement, you can enroll in Nokia's retiree medical and dental coverage along with your eligible Medicare-eligible dependents — provided that Nokia continues to offer such coverage and provided further that you and your dependents meet the eligibility criteria for such coverage at that time.

Under the 2017 plan design, if you are enrolled in Nokia-provided retiree medical and/or dental coverage and your eligible non-Medicare-eligible dependents become eligible for Medicare, you can enroll them in Nokia retiree medical and/or dental coverage during any annual open enrollment period, for coverage for the following calendar year.

  - To learn more about eligible dependents, see the YBR website at http://resources.hewitt.com/nokia.

- If Nokia retiree medical and/or dental coverage is available to you, you will receive an enrollment package approximately three months before you turn age 65.

Note: If you retire from Nokia before January 1, 2017 and are not Medicare-eligible, you and any dependent(s) will not be eligible for Nokia retiree medical and/or dental coverage as of January 1, 2017, regardless of the Medicare eligibility of your dependent(s). Any Nokia retiree medical or dental coverage in which you and your dependents are enrolled will end on December 31, 2016.

If You Are Medicare-Eligible Upon Retirement From Nokia

- You and all your covered dependents have the opportunity to continue **active** medical and dental coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended).

- You and your Medicare-eligible dependents may also 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. However, Nokia will no longer offer **retiree** medical and dental coverage to your dependents who are not eligible for Medicare as of your retirement date.

- You and all your dependents — including any Medicare-eligible dependents — have the following alternate sources for healthcare coverage:

  - **For any non-Medicare-eligible dependents:** Coverage through your dependent's(s') employer(s) or former employer(s) (if available), the health insurance marketplace in your area and the individual insurance market.

  - **For you and any Medicare-eligible dependents:** Coverage through your dependent's(s') employer(s) or former employer(s) (if available) and Medicare supplemental insurance from an insurance company, broker or other resource that offers Medicare supplement plans. The Affordable Care Act (healthcare reform) does not permit Medicare-eligible individuals to buy health insurance through the health insurance marketplace.

- Your eligible dependents may **regain** eligibility for Nokia-provided retiree medical and dental coverage when they become Medicare-eligible after you retire — provided that Nokia continues to offer such coverage and provided further that you are enrolled in such coverage and your dependents meet the eligibility criteria for such coverage at that time. Under the 2017 plan design, if you are enrolled in Nokia-provided retiree medical and/or dental coverage and your eligible non-Medicare-eligible dependents become eligible for Medicare, you can enroll them in Nokia retiree medical and/or dental coverage during any annual open enrollment period, for coverage for the following calendar year.

- If Nokia retiree medical and dental coverage is available to you, you will receive an enrollment package upon retirement.

To learn more about eligible dependents, see the YBR website at http://resources.hewitt.com/nokia.

Insurance Coverage Changes

Changes to Dependent Life and Accidental Loss Insurance Coverage Options

Effective January 1, 2017, you will see the following changes to your dependent life and accidental loss insurance coverage options:

- **Spouse life insurance[†]:** New $150,000, $200,000 and $250,000 options.
  - If you are eligible for the $150,000, $200,000 and/or $250,000 coverage options, please note that the rates for these options are age-based and can have a monthly cost that is significantly higher than the other available options.
  - You will need to provide evidence of insurability (EOI) if you are newly enrolling in spouse coverage or electing a coverage option that is higher than your current option.
  - **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. You can view dependent eligibility rules on the YBR website.
- **Spouse accidental loss insurance[†]:** The coverage will change as follows:
  - Your spouse accidental loss insurance election will no longer be limited to 50 percent of your supplementary accidental loss insurance election. Instead, you will be able to elect spouse coverage equal to one, two, three, four or five times your base pay.
  - **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. You can view dependent eligibility rules on the YBR website.
  - If you are currently enrolled in a coverage amount that falls between two pay-based options and you take no action during annual open enrollment, you will automatically be enrolled in the next higher level of coverage starting January 1, 2017. You will not need to provide EOI.
    - As an example, assume that your base pay is $60,000 and you have $300,000 (five times base pay) in supplementary accidental loss insurance and $150,000 (2.5 times base pay, or 50 percent of your supplementary accidental loss insurance coverage) in spouse accidental loss insurance. If you do not take action, you will automatically be enrolled in spouse coverage equal to **three** times base pay, or $180,000, for 2017.
- **Child life and child accidental loss insurance:** New $20,000-per-child options.
  - You will not need to provide EOI for any level of child life and/or 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). You can view dependent eligibility rules on the YBR website.

[†]You may also purchase coverage for your eligible domestic partner.

After-Tax Deductions for Accidental Loss Insurance Coverage for Yourself, Your Spouse and Your Children

Effective January 1, 2017, you will pay for any supplementary accidental loss, spouse accidental loss or child accidental loss insurance coverage you elect through **after-tax** payroll deductions. (You currently pay for this coverage with before-tax deductions.)

As a result of this change, you do not need to experience a qualified status change or wait until the next annual open enrollment period to change your coverage. Starting January 1, 2017, you may add, drop, increase or decrease any of these coverages anytime during the year.

Changes to Group Universal Life Insurance Coverage

Effective January 1, 2017:

- Premiums for group universal life insurance coverage will no longer be based on your tobacco use status. Instead, the same rate will apply for a given level of coverage whether or not you use tobacco. In addition, for active employees, new rates have been established as a result of bringing the Nokia and Alcatel-Lucent populations together. As a reminder, premiums will continue to be based on your age and amount of coverage in effect.

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

Contribution Cost Changes

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

FLEXIBLE SPENDING ACCOUNTS (FSAs)

The following section is for participants who are enrolled in, or eligible to elect, the Health Care Flexible Spending Account (HFSA) and/or Dependent Care Flexible Spending Account (DFSA).

General Information

To be eligible to enroll in an HFSA or a DFSA, you must be a regular full-time or regular part-time employee.

You must actively elect the HFSA and/or DFSA during the annual open enrollment period each year. Elections do not roll over year-to-year.

This means that if you do not make a contribution election for the HFSA and/or DFSA during this annual open enrollment period, you will not participate in either or both accounts for 2017.

Need Help Choosing Your FSA Contribution Amount(s) for Next Year?
Use the "Estimate how much to contribute" tool on the YBR website during annual open enrollment to estimate your potential healthcare and/or dependent care expenses.

Use it or lose it. You will forfeit any 2016 HFSA and/or DFSA balances if not used by the deadline(s) to incur expenses (March 15, 2017 for HFSA expenses; December 31, 2016 for DFSA expenses) and claims are not submitted (postmarked or faxed to Your Spending Account™ [YSA], or uploaded to the YSA website or the YSA Reimburse Me app) by April 15, 2017.

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 either to 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.

If you are enrolled in the HFSA in 2016 and re-enroll for 2017:

- Hold on to your YSA debit card. You can continue to use your current YSA card in 2017 for 2017 Plan Year expenses. You will receive a new card shortly before your current card expires.
- Watch for a "welcome back" email from YSA in January.

If you newly enroll in an FSA for 2017, you will receive a "welcome" email from YSA in December. 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.

- In addition, soon 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.
- 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.

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.

Keep Track of These Key FSA Dates

Key Dates	What You Need to Know/What You Need to Do
NOVEMBER 30, 2016	▪ Last day you can make elections or changes to your FSAs for the current year — even if you experience a qualified status change that permits you to make changes to your benefits.
DECEMBER 31, 2016	▪ Last day to incur dependent care expenses that can be reimbursed from your 2016 DFSA.
JANUARY 1, 2017	▪ The new Plan Year begins. ▪ **If you have a balance in your 2016 HFSA:** Use it — do not lose it. Remember, you can use your balance to pay for eligible healthcare expenses you incur during the 2016 HFSA "grace period" (January 1, 2017 through March 15, 2017). – **If you re-enrolled in an HFSA for 2017:** For eligible expenses incurred in 2017, 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. If you submit claims to YSA, YSA will automatically draw from your 2016 balance before using your 2017 account to pay for eligible expenses you incur during the grace period. However, if you use your YSA debit card, note that: • Expenses incurred during the grace period that are auto-substantiated will automatically be applied to your balance for the **prior** Plan Year (if available). • Expenses incurred during the grace period that are **not** auto-substantiated will be applied to your balance for the **current** Plan Year. However, if YSA receives appropriate documentation before the April 15, 2017 claims submission deadline, the claim will be applied to your **prior** Plan Year balance (if available). – **If you did not re-enroll in an HFSA for 2017:** You must submit your claims for eligible expenses to YSA; your YSA debit card will no longer work. ▪ **If you do not have a balance in your 2016 HFSA or if you are newly enrolled in an HFSA for 2017:** Start using your 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 Reimburse Me app (you will need to provide the day care provider's eSignature), fax or mail.
MARCH 15, 2017	▪ 2016 HFSA grace period ends. This is the last day to incur eligible healthcare expenses that can be reimbursed from your 2016 HFSA.
APRIL 15, 2017	▪ 2016 FSA claims submission deadline. You must submit all your 2016 HFSA and/or DFSA claims to YSA by this date. Claims and/or documentation submitted after this date will not be reimbursed.

For More Information

If you have questions about your FSA(s), contact YSA via a link on the YBR website or call the Nokia Benefits Resource Center at 1-888-232-4111 between 9:00 a.m. and 5:00 p.m., ET, Monday through Friday.

CHECK YOUR DEFAULT COVERAGE

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. **Because your default coverage for 2017 may in some cases be different than your 2016 coverage, it is your responsibility to confirm that your 2017 default coverage shown on the YBR website during the annual open enrollment period is the coverage that you want for 2017.**

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

If you would like to have a record of your default coverage sent to you, please follow the instructions outlined in “How to Request Copies of Annual Open Enrollment Information by Telephone” on page 16.

HOW TO TAKE ACTION

If you decide to change your default coverage and take action during the annual open enrollment period, do it easily through the YBR website at http://resources.hewitt.com/nokia. Keep in mind that this year, you can make your elections on the YBR website beginning on October 24, 2016. (You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2017 coverage, or with questions about your 2017 plan options and pricing, until Monday, October 31, 2016 at 9:00 a.m., ET.)

Do You Need to Take Action?
You may already be enrolled in the right coverage for yourself and your family and may not need to take any action during the annual open enrollment period. However, you will need to take action to:

- Choose coverage other than your default coverage;
- Add‡ or remove dependent(s) from coverage; and/or
- Make any other changes to your 2017 health and welfare benefits coverage, such as making a contribution election for your HFSA and/or DFSA, if eligible.

If you do not take action during the annual open enrollment period, you will receive the default coverage shown on the YBR website during the annual open enrollment period.

‡Make sure your dependents are eligible under the Nokia eligibility rules before you add them to your coverage. You can view eligibility rules on the YBR website. You will be asked to verify the eligibility of the dependent(s) you enroll for coverage.

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

Using YBR

Before you begin, make sure you have your password ready (the same one you use when calling the Nokia Benefits Resource Center), along with any information — including Social Security Number(s) — for any new eligible dependent(s) you may be adding to your coverage.

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

Need a YBR Refresher?
Watch the "Get to Know Your Benefits Resources (YBR)" video on the BenefitAnswers Plus website at www.benefitanswersplus.com.

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

- **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" on page 16.
- **Review your dependent(s) on file for each of your benefit plans** — and make any updates or corrections.
- **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.

IMPORTANT REMINDERS

Take note of the following for the annual open enrollment period — and all year.

- **Watch for new medical and prescription drug member ID cards.** You will receive new member ID cards from your 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 out from the applicable carriers' websites: www.myuhc.com and/or www.express-scripts.com.
  - **Note:** MetLife does not issue dental 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.

To See Your Contribution Costs for 2017…
Review the YBR website at http://resources.hewitt.com/nokia during the annual open enrollment period.

- **Looking for an in-network UnitedHealthcare POS provider?** Use the information below when looking for an in-network POS provider on the UnitedHealthcare website (remember, you can also find in-network providers using the YBR website):
  - On www.myuhc.com, click "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."

- **Manage your health with Rally®.** Your UnitedHealthcare medical plan option gives you access to Rally, 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. 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. You can access Rally at www.myuhc.com from your computer, tablet or smartphone anytime.

- **Need help coping with stress, family pressures, money issues or work demands? Reach out to the Employee Assistance Program (EAP).** The EAP offers you and your immediate family 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. To speak with a counselor, call Magellan at 1-800-327-7348 or visit www.magellanhealth.com/member.

- **Keep in mind: 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 BenefitAnswers Plus website at www.benefitanswersplus.com for more information about qualified status changes.

- **Are you dropping a dependent from coverage? Here is what you should know about COBRA:** COBRA is not offered to dependents removed from coverage during the annual open enrollment period. If your dependent is experiencing a qualified status change and you remove him or her from your coverage during the annual open enrollment period, your dependent will not be eligible for COBRA continuation coverage. For a dependent to be eligible for COBRA, you must remove the dependent experiencing a qualified status change through the "Life Events" section on the YBR website (or by calling the Nokia Benefits Resource Center) within 31 days of the qualified status change.

Notes for Survivors in the Family Security Program (FSP)

- You cannot add new dependents to medical coverage at any time.
- If you drop or lose Nokia medical coverage for any reason, you can **never** re-enroll.

- **Thinking of opting out of coverage?**
  - You have the option to opt out of your Nokia coverage.
  - When you opt out of Nokia medical (which includes prescription drug) coverage, you can still keep your Nokia dental coverage, and vice versa.
  - You may be eligible to opt back in to Nokia medical (which includes prescription drug) and/or Nokia dental coverage during a future annual open enrollment period or if you have a qualified status change.
  - You may be required to complete additional forms, depending on the city and/or state where you live.
  - **Important:** Before you drop coverage for any plan, please refer to the applicable plan's SPD to understand the consequences and determine whether you will be eligible to re-enroll in that plan.

- **Enrollment for certain voluntary benefits coverage (vision, legal and health advisory services) takes place at the same time as the annual open enrollment period for your Nokia health and welfare benefits.** This is different than the situation for your other voluntary benefits — identity theft protection services, auto and home insurance and pet insurance (a new benefit for January 1, 2017) — in which you may add or drop coverage anytime during the year. As a reminder, Nokia does not make any endorsement of or representation regarding any product or service provided under this program. Note that the enrollment information in this guide does not apply to your voluntary benefits. For information about voluntary benefits or to enroll, visit www.addedbenefitsaccess.com or call Added Benefits at 1-800-622-6045.

- **Attention COBRA participants and FSP survivors: Less expensive health coverage options may be available to you.** In accordance with the Affordable Care Act (ACA; healthcare reform), if you **are not** eligible for Medicare, you have the option to buy health insurance from an alternate source: the health insurance marketplace in your area.
  - **You may wish to compare your Nokia health coverage with the coverage available through the marketplace.** For the most current information about marketplace coverage, please visit HealthCare.gov. The Nokia Benefits Resource Center cannot answer any questions about marketplace coverage.
  - **Note:** If you enroll in health coverage through the marketplace instead of through Nokia, you may not be able to enroll in Nokia coverage in the future. Please refer to the plan's SPD for information on when you can make changes to your coverage.

- **See the value of your health coverage.** The ACA requires that employers disclose the value of the employer-provided benefit for health insurance coverage on each participant's Form W-2. You should expect to receive your 2016 Form W-2 no later than January 31, 2017.

- **You may receive the ACA-required Form 1095-C to keep for your tax records.** The ACA requires that employers 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.

- **Want to see a summary of your health plan option's benefits and coverage?** The ACA requires that employers provide participants with a Summary of Benefits and Coverage (SBC) in order to compare health plan options 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.

- **Be sure your beneficiaries are up to date.** Take care of the people who matter most. Use this annual open enrollment opportunity to review, add or update your beneficiary designation(s) on file. Visit the BenefitAnswers Plus website at www.benefitanswersplus.com for information.

- **Review your permanent address on file.** As a reminder, the Nokia Benefits Resource Center recognizes your permanent address on file as your mailing address. Please be sure to keep it current.

How to Request Copies of Annual Open Enrollment Information by Telephone
The easiest and most convenient way to access the information you need to enroll continues to be 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 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.

Note that if you have signed up to receive communications from the Nokia Benefits Resource Center 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.

RESOURCES FOR NOW AND LATER

Nokia provides these year-round resources to help you conveniently manage your benefits.

Your Benefits Resources (YBR) Website **http://resources.hewitt.com/nokia** **(personalized and password-protected)**	**BenefitAnswers Plus Website** **www.benefitanswersplus.com** **(non-personalized — no password required)**
▪ View your current coverage ▪ 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	▪ See benefits news and updates, including coverage tips and reminders ▪ Get your enrollment materials ▪ Find answers to your benefits questions ▪ View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs) ▪ Find carrier contact information throughout the year

More to Come

Be sure to check out the BenefitAnswers Plus website at www.benefitanswersplus.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!

If you do not have access to the Internet, the Nokia Benefits Resource Center can help you resolve a unique benefits issue or enroll in or make changes to your coverage. Call 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.