

2018 enrollment action guide



For 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).

2018 annual open enrollment period

Online-Only Enrollment Period: September 25, 2017 – October 15, 2017	Online and Phone Enrollment Period: October 16, 2017 – October 27, 2017
<p>You can make your elections on the Your Benefits Resources™ (YBR) website at http://resources.hewitt.com/nokia beginning Monday, September 25, 2017, at 9:00 a.m., Eastern Time (ET), through Sunday, October 15, 2017. During this time, you may view your 2018 coverage and costs, as well as enroll in or make changes to your 2018 coverage — online only — using the YBR website.</p> <p>You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2018 coverage, or to ask questions about your 2018 plan options and pricing, until Monday, October 16, 2017, at 9:00 a.m., ET.</p>	<p>You may enroll in and/or change your 2018 Nokia health and welfare benefits coverage elections online on the YBR website or by calling the Nokia Benefits Resource Center starting on Monday, October 16, 2017, at 9:00 a.m., ET, through Friday, October 27, 2017, at 5:00 p.m., ET.</p>

You must take action before Friday, October 27, 2017, at 5:00 p.m., ET. Late enrollments will not be accepted.

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

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See what's new with your benefits this year.	Find out if you should enroll or make changes for 2018.	Things to keep in mind during the annual open enrollment period — and all year.
flexible spending accounts (FSAs) 5	how to take action 8	resources for now and later 13
Important reminders for 2018.	If you do need to take action, visit the YBR website.	Learn about the resources available to help you manage your benefits.

what's changing for 2018

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

The following changes to benefits coverage under the Nokia health and welfare benefit plans (the "Plans") will take effect on January 1, 2018.

Contribution Cost Changes

Review the YBR website at <http://resources.hewitt.com/nokia> during the annual open enrollment period for your 2018 contribution costs.

Higher Health Care Flexible Spending Account Annual Contribution Limit

Effective January 1, 2018, you can contribute up to \$2,600 per year to a Health Care Flexible Spending Account (HFSA). This is a \$50 increase from the current \$2,550 annual contribution limit. The annual contribution limit for the Dependent Care Flexible Spending Account (DFSA) remains at \$5,000 for 2018.

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 2018 coverage changes. You can find carrier contact information on the back of your HMO ID card (if you are currently enrolled) and in the Benefits At-a-Glance and Resource Contact Information booklet.

New UnitedHealthcare® Weight Management Program: Real Appeal®

Effective January 1, 2018, your UnitedHealthcare medical plan option will offer a new benefit: Real Appeal. Real Appeal is an online weight loss and healthy lifestyle program based on the science of what really works to help people lose weight and keep it off. It will be available at no cost to all eligible Nokia employees and their family members age 18 and older who are enrolled in Nokia medical coverage through UnitedHealthcare.

Real Appeal helps you lose weight and reduce your risk of developing certain diseases like diabetes and cardiovascular disease, as it is based on decades of proven clinical research. Most members lose an average of 10 pounds after completing only four sessions of the program. Enrollment in the program includes:

- 52 weeks of access to a Transformation Coach. Your coach guides you through the program and develops a simple, customized plan that fits your needs, preferences and goals.
- 24/7 access to digital tools and dashboards that help you track your food, activity and weight.
- A success kit full of healthy weight management tools, including fitness guides, recipe book (including quick family meal ideas and fast-food eating tips), weight scale and more.
- Support from weekly online group classes to learn healthy ideas from your coach and other members who share what has helped them achieve success.

Real Appeal is a fun and engaging program that helps you learn simple steps for a healthier life so you can spark your transformation. Watch for more information on the program and enrollment in January 2018.

New HMO Available: Kaiser Washington

Effective January 1, 2018, a new HMO will be offered in Washington state: Kaiser Washington. If this HMO is available to you, you will see it listed as one of your 2018 medical plan options on the YBR website during the annual open enrollment period.

Blue Advantage and Blue Cross/Blue Shield of Illinois HMOs Will No Longer Be Offered

Due to low enrollments and/or high premium costs, the following HMOs will not be available, effective January 1, 2018:

- Blue Advantage of Illinois
- Blue Cross/Blue Shield of Illinois

If you are currently enrolled in one of these HMOs, you will need to choose another medical plan option for 2018.

If you do not make a new election, you will be automatically assigned medical coverage (i.e., enrolled in default coverage) for 2018. For more information about default coverage, see “Check Your Default Coverage” on page 7.

Prescription Drug Coverage Enhancements

Mail Order Text Message Notifications

When you call Express Scripts member services about the status of a mail order prescription purchase or shipment, or to update your communication preferences, you now have the option to receive text message notifications to confirm the receipt of an order by Express Scripts and shipping information.

During your call, you will be asked if you would like to receive text messages regarding your prescriptions. If you reply “Yes,” the Patient Care Advocate will provide all legal disclaimers and send you a confirmation text message. You must confirm by replying YES via text message. Once confirmed, you will receive text messages instead of automated phone calls or emails. If you reply “No,” or if you do not offer a reply, you will not receive the confirmation text and you will continue to receive notifications as you do today.

These text notifications are available now. Express Scripts plans to introduce additional text notifications in the future.

Remember: Vision Coverage Is a “Voluntary Benefit”

As a reminder, vision coverage is a voluntary benefit available through Added Benefits. To learn more or to enroll in vision coverage for 2018, visit www.addedbenefitsaccess.com or call Added Benefits at 1-800-622-6045.

If you want vision coverage for 2018, you must enroll during the 2018 Voluntary Benefits Annual Open Enrollment period: September 25, 2017 – October 27, 2017.

Late enrollments will not be accepted.

You Will Need a New Username and Password to Log on to www.myuhc.com

Beginning September 21, 2017, visit www.myuhc.com anytime and create a new username and password. Follow the onscreen prompts — it will only take a few minutes.

After November 9, 2017, your current username and password will expire, and you will need to create new ones in order to access www.myuhc.com.

Be prepared! Visit www.myuhc.com starting September 21, 2017, and set up your new username and password.

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 coverage management programs to determine how the Prescription Drug Program will cover certain prescription drugs.

Updates to the coverage management programs are made from time to time. Express Scripts will notify you if any of these programs apply to you.

Use a Simplified Statement of Health Form to Enroll in or Increase Group Universal Life Insurance Coverage

During this year's annual open enrollment period, you can newly enroll in or increase your group universal life (GUL) insurance coverage using a "short" statement of health form. The form serves as the evidence of insurability that you must submit to MetLife, the carrier.

The "short form" will *only* be available during this year's annual open enrollment period (September 25, 2017 – October 27, 2017). If you do not complete and submit the short form to MetLife online by Friday, October 27, 2017, at 5:00 p.m. ET, you must use the regular form when you provide evidence of insurability to MetLife (You may decrease or cancel GUL coverage at any time during the year.)

To access and submit the short form, follow the prompts that appear on the YBR website when you enroll in or increase your GUL insurance coverage during annual open enrollment. Watch for more information via email in late September.

Note: Effective January 1, 2018, the formula for calculating total annual pay for GUL coverage is being aligned with the harmonized Nokia incentive bonus targets. Prior to January 1, 2018, the total annual pay formula used for the purpose of calculating the amount of GUL coverage was based on historical pre-harmonization formulas. In some cases, coverage may be reduced and in others it may be increased. Because of this, you may see a change in your GUL cost for the same multiple of coverage. Keep in mind that premiums may also change due to an actual increase/decrease to your base pay as well as your age.

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 2018.

Use it or lose it. You will forfeit any 2017 HFSA and/or DFSA balances if not used by the deadline(s) to incur expenses (March 15, 2018 for HFSA expenses; December 31, 2017 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, 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 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 2017 and re-enroll for 2018:

- Hold on to your YSA debit card. You can continue to use your current YSA card in 2018 for 2018 Plan Year expenses. If your current card is due to expire in 2018, you will receive a new card shortly before the expiration date.
- Watch for a “welcome back” email from YSA in January.

If you newly enroll in an FSA for 2018, 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, 2018. 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.

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.

As a reminder, you can contribute up to **\$2,600** to an HFSA in 2018, up from \$2,550 in 2017, and up to **\$5,000** to a DFSA (unchanged from 2017).

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

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

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

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

Keep Track of These Key FSA Dates

Key Dates	What You Need to Know/What You Need to Do
NOVEMBER 30, 2017	<ul style="list-style-type: none"> 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, 2017	<ul style="list-style-type: none"> Last day to incur dependent care expenses that can be reimbursed from your 2017 DFSA.
JANUARY 1, 2018	<ul style="list-style-type: none"> The new Plan Year begins. If you have a balance in your 2017 HFSA: Use it — do not lose it. Remember, you can use your balance to pay for eligible healthcare expenses you incur during the 2017 HFSA “grace period” (January 1, 2018 through March 15, 2018). <ul style="list-style-type: none"> If you re-enrolled in an HFSA for 2018: For eligible expenses incurred in 2018, 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 2017 balance before using your 2018 account to pay for eligible expenses you incur during the grace period. However, if you use your YSA debit card, note that: <ul style="list-style-type: none"> 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, 2018 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 2018: 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 2017 HFSA or if you are newly enrolled in an HFSA for 2018: 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 2018 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, 2018	<ul style="list-style-type: none"> 2017 HFSA grace period ends. This is the last day to incur eligible healthcare expenses that can be reimbursed from your 2017 HFSA.
APRIL 15, 2018	<ul style="list-style-type: none"> 2017 FSA claims submission deadline. You must submit all your 2017 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 automatically be enrolled in for 2018 if you do not take any action during the annual open enrollment period.

Because your default coverage for 2018 may in some cases be different than your 2017 coverage, it is your responsibility to confirm that your 2018 default coverage shown on the YBR website during the annual open enrollment period is the coverage that you want for 2018.

You can find your default coverage on the YBR website at <http://resources.hewitt.com/nokia> from Monday, September 25, 2017, at 9:00 a.m., ET, through Friday, October 27, 2017, 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 9.

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.

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 September 25, 2017. (You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2018 coverage, or with questions about your 2018 plan options and pricing, until Monday, October 16, 2017, at 9:00 a.m., ET.)

Using YBR

Before you begin, make sure you have your User ID and password ready, along with any information — including Social Security Number(s) — for any new eligible dependent(s) you may be adding to your coverage.

Have You Forgotten Your YBR Website User ID and/or Password?

If so, go to the YBR website, select “**Forgot User ID or Password?**” and follow the prompts to get a new one(s).

Your User ID/password will be sent to you by email (if you previously added your email address to the YBR website) or by US mail. **It may take up to 10 days to receive your password through the mail.**

If you do not have Internet access, call the Nokia Benefits Resource Center at 1-888-232-4111 and follow the prompts for assistance.

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 automatically be 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 9.

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 (see “Check Your Default Coverage” on page 7);
- Add[‡] or remove dependent(s) from coverage; and/or
- Make any other changes to your 2018 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.

- **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, October 27, 2017, at 5:00 p.m., ET) even if you have already completed your enrollment.
- **You may save or print your elections** if you like. To do so, 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.

Remember: You must take action before Friday, October 27, 2017, at 5:00 p.m., ET. Late enrollments will not be accepted.

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 September 25, 2017**, 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, 2018, 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.

important reminders

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

- **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 household members free, confidential, 24/7 assistance for a wide range of medical and behavioral health issues, such as emotional difficulties, alcoholism, drug abuse, marital or family concerns, and other personal and life issues. Enrollment in the EAP is not required, nor do you need to be enrolled in Nokia's medical plan in order to access the medical plan's EAP coverage. To speak with a counselor, call Magellan at 1-800-327-7348 or visit www.magellanhealth.com/member.
- **Re-enrolling, or enrolling in medical (which includes prescription drug) and/or dental coverage for the first time? Here is what you need to know about your member ID cards.**
 - **Medical:**
 - If you are re-enrolling in medical coverage, continue to use your current member ID cards for medical services and prescription drugs in 2018. You will not receive new member ID cards.
 - If you are enrolling in medical coverage for the first time, you will receive new member ID cards from the carriers by January 1.
 - If you have not received your new cards by January 1, or if you have misplaced your cards and need new ones, you may print them out from the applicable carrier's website:
 - ♦ Medical (UnitedHealthcare): www.myuhc.com
 - ♦ Prescription drug (Express Scripts): www.express-scripts.com
 - If you are re-enrolling, or enrolling in an HMO for the first time, contact the HMO for any questions about member ID cards. You can find contact information on the back of your HMO ID card (if you are currently enrolled) and in the Benefits At-a-Glance and Resource Contact Information booklet.
 - **Dental:** MetLife does not issue dental member ID cards; you do not need to present an ID card to receive services under the plan. Simply provide your dentist with your Group information and ID number:
 - Group Name and Group Number: Nokia 85848
 - Employee ID Number:
 - ♦ Legacy Alcatel-Lucent: HRID
 - ♦ Legacy Nokia: Nokia ID

To See Your Contribution Costs for 2018...

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

In addition, you can review your dental benefits at www.metlife.com/mybenefits.

- **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 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.
- **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 YBR website at <http://resources.hewitt.com/nokia> (select the “Life Events” tab) for more information about qualified status changes.
- **Are you dropping a dependent from coverage? Here is what you should know about COBRA:** COBRA continuation coverage 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.
- **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.
 - Even if you opt of Nokia’s medical plan, you still have access to the plan’s EAP coverage.
 - **Attention Family Security Program (FSP) survivors:**
 - You cannot add new dependents to Nokia medical coverage at any time.
 - If you drop or lose Nokia medical coverage for any reason, you can **never** re-enroll.
- **To get the most from your dental coverage, remember these tools and resources:**
 - **Online tool for locating network dentists:** When comparing your dental plan options on the YBR website, click the “Find a Dentist” link to search for network providers.
 - **Company code for accessing and managing your dental benefits through MetLife’s MyBenefits:** Sign in to www.metlife.com/mybenefits using the company code: “US-Nokia.”

- **Enrollment for certain voluntary benefits coverage (vision coverage, legal services 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 — 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 any voluntary benefits 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.
- **See the value of your health coverage.** The Affordable Care Act (ACA; healthcare reform) 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 2017 Form W-2 no later than January 31, 2018.
- **You may receive the ACA-required Form 1095-C.** 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 2017 Form 1095-C no later than January 31, 2018.
- **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 September 25, 2017.
- **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. That address also determines your eligibility for some benefit plan options. To update your address with the Nokia Benefits Resource Center, use one of the following venues:
 - **Active legacy Alcatel-Lucent employees (including participants on a leave of absence or Short-Term Disability):** SuccessFactors
 - **Active legacy Nokia employees:** MyHRPortal
 - **COBRA participants and FSP survivors:** Call the Nokia Benefits Resource Center
- **The Nokia Health Plans Notice of Privacy Practices is available on the BenefitAnswers Plus website.** Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Nokia health plans are required to provide you with a notice about their privacy practices, their legal duties and your rights concerning your health information. You can find this notice among your annual open enrollment materials on the BenefitAnswers Plus website at www.benefitanswersplus.com.

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)
<ul style="list-style-type: none"> ▪ View your current coverage ▪ Review and compare your 2018 healthcare options and contribution costs — and enroll online! (September 25, 2017 – October 27, 2017) ▪ Opt out of your 2018 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"> ▪ 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 2018.

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.

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