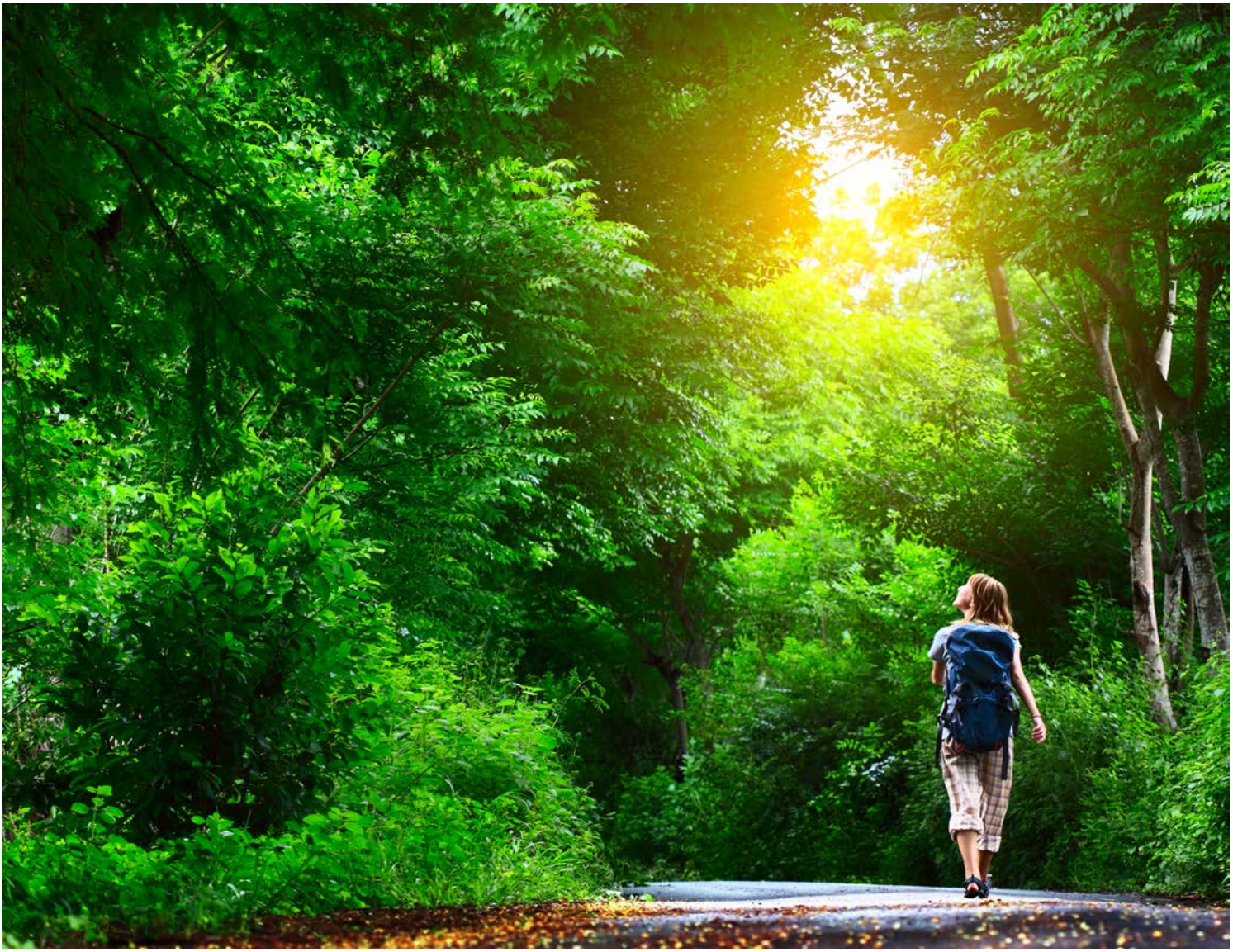
NOKIA

2019 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).

2019-AMNG_209033

2019 annual open enrollment period

Online-Only Enrollment Period: September 24, 2018 – September 30, 2018	Online and Phone Enrollment Period: October 1, 2018 – October 12, 2018
You may enroll in and/or change your 2019 Nokia health and welfare benefits coverage elections on the Your Benefits Resources™ (YBR) website at http://resources.hewitt.com/nokia beginning Monday, September 24, 2018, at 9:00 a.m., Eastern Time (ET), through Sunday, September 30, 2018. **During this time, you may view your 2019 coverage and costs, as well as enroll in or make changes to your 2019 coverage — online only — using the YBR website.** **You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2019 coverage, or to ask questions about your 2019 plan options and pricing, until Monday, October 1, 2018, at 9:00 a.m., ET.**	You may enroll in and/or change your 2019 Nokia health and welfare benefits coverage elections online on the YBR website or by calling the Nokia Benefits Resource Center starting on Monday, October 1, 2018, at 9:00 a.m., ET, through Friday, October 12, 2018, at 5:00 p.m., ET.

You must take action before Friday, October 12, 2018, 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 2019

(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, 2019.

Employee Contributions

Each year, Nokia reviews the cost of the health and welfare benefits it offers to eligible employees, with an eye toward maintaining a comprehensive program at a competitive cost. This is often a challenge, given trends in healthcare inflation and plan utilization.

Nonetheless, the company is pleased to announce that, for 2019, the monthly employee contributions for medical and dental benefits are **the same or less than**[1] the contributions for 2018. As described later in this Enrollment Action Guide, however, for 2019, there are some increases in applicable deductibles, out-of-pocket maximums and copayment amounts, as well as certain other changes.

Note: Your actual monthly cost for 2019 might differ from your 2018 cost if you change your coverage category — e.g., you change from single to family — or your health plan option — e.g., you change from the Standard to the Enhanced Point of Service (POS) medical plan option or enroll in a Health Maintenance Organization (HMO). (Your cost will also change if you experience a qualifying event and elect COBRA coverage.)

To see all your contribution costs for all your available benefit options for 2019, be sure to visit the YBR website at http://resources.hewitt.com/nokia during the annual open enrollment period.

[1] Applies to the Enhanced and Standard POS medical plan options, the Traditional Indemnity medical plan option and the dental plan options. Employee contributions for the medical plan's HMO options will vary. For some HMOs, the cost for 2019 is unchanged from 2018; for others, the cost is more or less than in 2018. Additionally, the cost of any medical or dental COBRA continuation coverage in 2019 may be more or may be less than in 2018.

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 carriers of those options directly for their 2019 coverage changes. You can find carrier contact information on the back of your HMO ID card (if you are currently enrolled) and in *Benefits At-a-Glance and Resource Contact Information 2019* on the BenefitAnswers Plus website.

Important Update: Enhanced Security for YBR Password Requests — Action Required

To further safeguard your personal information, **temporary passcodes will no longer be sent by email**. They will be provided by **telephone, text message or US postal mail**.

Do not wait until you need a new password to add your preferred telephone number to your personal information on file. Why? Because it may take up to 10 days to receive your password through the mail. Log on to the YBR website today and provide your preferred telephone number — home or mobile. Just select "Your Profile," then "Personal Information" and enter your phone number where indicated. We recommend that you add a mobile phone number to take advantage of additional security and text messaging capabilities. (If you have elected electronic delivery of benefits communications, those communications will still be sent to your email address on file.)

If you do not have Internet access, call the Nokia Benefits Resource Center and follow the prompts for assistance.

Medical and Prescription Drug Coverage Changes

Annual Deductibles and Out-of-Pocket Maximums

Effective January 1, 2019, certain annual deductibles and out-of-pocket maximums for the Enhanced and Standard POS options will increase as shown below. Changes for 2019 are in ***bold italics***.

	Enhanced POS		Standard POS		Traditional Indemnity	
	2018	**2019**	**2018**	**2019**	**2018**	**2019**
Medical — Annual Out-of-Network Deductible	**Individual:** $650 **Two-person:** $1,300 **Family:** $1,950	**Individual:** ***$700*** **Two-person:** ***$1,400*** **Family:** ***$2,100***	Not applicable	Not applicable	**Individual:** $300 **Two-person:** $600 **Family:** $900	**Individual:** $300 **Two-person:** $600 **Family:** $900 (no changes)
Medical — Annual Out-of-Pocket Maximum	**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)	**In-Network:** ▪ **Individual:** ***$1,650*** ▪ **Two-person:** ***$3,300*** ▪ **Family:** ***$4,950*** **Out-of-Network:** ▪ **Individual:** ***$4,200*** ▪ **Two-person:** ***$8,400*** ▪ **Family:** ***$12,600*** (excludes deductible)	**In-Network:** ▪ **Individual:** $4,000 ▪ **Family:** $8,000 **Out-of-Network:** $7,500 per person	**In-Network:** ▪ **Individual:** ***$4,500*** ▪ **Family:** ***$9,000*** **Out-of-Network:** ***$9,000*** per person	**Individual:** $1,800 **Two-person:** $3,600 **Family:** $5,400	**Individual:** $1,800 **Two-person:** $3,600 **Family:** $5,400 (no changes)
Prescription Drugs — Annual Out-of-Network Deductible (Retail)	**Individual:** $125 **Two-person:** $250 **Family:** $375	**Individual:** ***$140*** **Two-person:** ***$280*** **Family:** ***$420***	**Individual:** $125 **Two-person:** $250 **Family:** $375	**Individual:** ***$140*** **Two-person:** ***$280*** **Family:** ***$420***	**Individual:** $125 **Two-person:** $250 **Family:** $375	**Individual:** ***$140*** **Two-person:** ***$280*** **Family:** ***$420***
Prescription Drugs — Annual In-Network Out-of-Pocket Maximum	$2,600 per person	***$2,800*** per person	Not applicable	Not applicable	$2,600 per person	***$2,800*** per person

Copayments for Certain Medical Services

Effective January 1, 2019, copayments for certain covered medical services under the Enhanced and Standard POS options will increase as shown below. Changes for 2019 are in ***bold italics***.

Note that the table below shows the copayment increases for a subset of affected services. For a more complete list of medical services and their 2019 copayments, see *Benefits At-a-Glance and Resource Contact Information 2019* on the BenefitAnswers Plus website.

	Enhanced POS[2]		Standard POS[2]	
	2018	**2019**	**2018**	**2019**
Service	**In-network**			
Emergency Room — Emergency Use	Plan pays 100% after you pay $65 copayment; waived if admitted	Plan pays 100% after you pay ***$70*** copayment; waived if admitted	Plan pays 100% after you pay $125 copayment; waived if admitted	Plan pays 100% after you pay ***$140*** copayment; waived if admitted
Emergency Room — Nonemergency Use	Plan pays 70% after you pay $65 copayment	Plan pays 70% after you pay ***$70*** copayment	Plan pays 60%	Plan pays 60% (no change)
Inpatient Hospitalization	Plan pays 90%	Plan pays 90% (no change)	Plan pays 80% after you pay $650 copayment per admission	Plan pays 80% after you pay ***$700*** copayment per admission
Physician Office and Virtual Visits (non-preventive)	You pay $30 copayment per visit (primary care physician or specialist)	You pay ***$35*** copayment per visit (primary care physician or specialist)	**Primary care physician:** You pay $20 copayment per visit **Specialist:** You pay $40 copayment per visit	**Primary care physician:** You pay $20 copayment per visit (no change) **Specialist:** You pay ***$55*** copayment per visit
Service	**Out-of-network**			
Emergency Room — Emergency Use	Plan pays 100% after you pay $65 copayment; waived if admitted	Plan pays 100% after you pay ***$70*** copayment; waived if admitted	Plan pays 100% after you pay $125 copayment; waived if admitted	Plan pays 100% after you pay ***$140*** copayment; waived if admitted
Emergency Room — Nonemergency Use	Plan pays 70% after you pay $65 copayment	Plan pays 70% after you pay ***$70*** copayment	Plan pays 60%	Plan pays 60% (no change)
Inpatient Hospitalization	Plan pays 70% after you satisfy the deductible and pay $250 copayment per admission	Plan pays 70% after you satisfy the deductible and pay ***$280*** copayment per admission	Plan pays 60% after you pay $250 copayment per admission	Plan pays 60% after you pay ***$280*** copayment per admission

[2] Where coverage under a medical plan option 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).

Prescription Drug Copayments

Effective January 1, 2019, prescription drug copayments for the Enhanced POS, Standard POS and Traditional Indemnity options will increase as shown below. Changes for 2019 are in ***bold italics***.

	Enhanced POS		Standard POS[3]		Traditional Indemnity	
Feature	**2018**	**2019**	**2018**	**2019**	**2018**	**2019**
Prescription Drugs — Retail (up to a 30-day supply)	You pay: **Generic:** $12 copayment **Formulary Brand:** $50 copayment **Nonformulary Brand:** $80 copayment	You pay: **Generic: *$14*** copayment **Formulary Brand: *$53*** copayment **Nonformulary Brand: *$84*** copayment	You pay $10 copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket maximum of $100 per prescription	You pay ***$13*** copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket maximum of ***$105*** per prescription	You pay: **Generic:** $12 copayment **Formulary Brand:** $50 copayment **Nonformulary Brand:** $80 copayment	You pay: **Generic: *$14*** copayment **Formulary Brand: *$53*** copayment **Nonformulary Brand: *$84*** copayment
Prescription Drugs — Mail Order (up to a 90-day supply)	You pay: **Generic:** $30 copayment **Formulary Brand:** $125 copayment **Nonformulary Brand:** $200 copayment	You pay: **Generic: *$35*** copayment **Formulary Brand: *$130*** copayment **Nonformulary Brand: *$210*** copayment	You pay $20 copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket maximum of $200 per prescription	You pay ***$21*** copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket maximum of ***$210*** per prescription	You pay: **Generic:** $30 copayment **Formulary Brand:** $125 copayment **Nonformulary Brand:** $200 copayment	You pay: **Generic: *$35*** copayment **Formulary Brand: *$130*** copayment **Nonformulary Brand: *$210*** copayment

[3] Where coverage under a prescription drug plan option is expressed as a percentage, it is a percentage of the plan's cost for the drug.

Prior Authorization Required for Certain Services Under the Enhanced and Standard Point of Service (POS) Options

Effective January 1, 2019, if you are enrolled in the Enhanced or Standard POS option, you must obtain "prior authorization" from UnitedHealthcare to receive benefits for certain healthcare services.

What Is Prior Authorization?

Prior authorization determines whether or not a healthcare service is:

- A covered benefit under your medical plan option, and
- Medically necessary — that is, the service is provided in accordance with generally accepted standards of medical practice and is clinically appropriate, clinically effective and cost-effective.

When Is Prior Authorization Required?

Prior authorization is required when certain services are requested, and review is needed to determine if they are medically necessary (see above).

How to Obtain Prior Authorization

The process for requesting prior authorization for a proposed service will depend on whether your provider is in-network or out-of-network:

- **In-network:** Your provider will call UnitedHealthcare on your behalf. There is nothing you need to do.
  - **Exceptions:** For some in-network services, you must obtain prior authorization from UnitedHealthcare yourself. For a list of those services, log on to www.myuhc.com, select "Benefits & Coverage" and then "Coverage Documents." To obtain prior authorization, call UnitedHealthcare at the phone number on the back of your medical plan member ID card.
- **Out-of-network:** You must call UnitedHealthcare yourself; use the phone number on the back of your medical plan member ID card.

Be sure to submit each request for prior authorization to UnitedHealthcare at least five days before the scheduled service to provide adequate time for clinical review and coverage determination.

You and your doctor will receive a letter by mail once UnitedHealthcare determines whether or not the proposed service is approved.

- If the service is approved, the service will be covered according to the provisions of your medical plan option. Please review your approval letter carefully to understand which service has been approved and where it will take place. If you have a question about the approved location, please call UnitedHealthcare to discuss.
- If the service is not approved and you choose to receive it, you will be responsible for all charges. No benefits will be paid.

Whether or not UnitedHealthcare approves a service, all decisions about your medical care are between you and your doctor.

However, keep in mind that:

- If you do not obtain prior authorization from UnitedHealthcare for a designated service as required and you receive that service, your benefits may be reduced or your claim may be denied.
- If you receive a service that is different from what was authorized, UnitedHealthcare will review your claim for coverage under your medical plan option and make a determination as to whether it is a covered benefit under your medical plan option. If you or your doctor does not agree with UnitedHealthcare's decision, you may request a reconsideration or appeal.

For More Information

For a list of services requiring prior authorization, log on to www.myuhc.com, select "Benefits & Coverage" and then "Coverage Documents."

You may also call the number on the back of your medical plan member ID card to confirm requirements for prior authorization, check on the status of a determination or ask questions about your determination letter.

Certain 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, 2019:

- Keystone Health Plan Central
- UnitedHealthcare Choice of Arizona
- UnitedHealthcare of California
- UnitedHealthcare of Oklahoma

If you are currently enrolled in one of these HMOs, you will need to choose another medical plan option for 2019.

If you do not make a new election, you will be automatically assigned medical coverage (i.e., enrolled in default coverage) for 2019. For more information about default coverage, see “Check Your Default Coverage” on page 9.

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.

Dental Coverage Changes

Effective January 1, 2019, frequency limits and coinsurance (i.e., the benefit level)[4] for certain covered services will change:

MetLife Enhanced Dental Option

Frequency limits for the following services will be:

- Bruxism (appliance replacement): Limited to once every 24 months
- X-rays — full-mouth and panoramic (Panorex): Limited to once every 60 months
- Replacement of crowns, bridges, onlays, inlays, implants, implant prosthetics, dentures, post and cores and crown build-ups: Limited to once every seven years

MetLife Standard Dental Option

Frequency limits for the following services will be:

- X-rays — full-mouth and panoramic (Panorex): Limited to once every 60 months
- Replacement of crowns, bridges, onlays, inlays, implants, implant prosthetics, dentures, post and cores and crown build-ups: Limited to once every seven years

Coinsurance (i.e., the benefit level)[4] will be reduced from 80 percent (after the deductible) to 50 percent (after the deductible) for the following services:

- Surgical extractions
- Anesthesia
- Crowns, post and cores and crown build-ups

[4] Where coverage is expressed as a percentage, it is a percentage of the provider’s contracted rate (for in-network services with a PDP Plus provider) or of the reasonable and customary (R&C) fee (for out-of-network services with a non-PDP Plus provider).

Higher Health Care Flexible Spending Account Annual Contribution Limit

Effective January 1, 2019, you can contribute up to $2,650 per year to a Health Care Flexible Spending Account (HFSA). This is a $50 increase from the current $2,600 annual contribution limit. The annual contribution limit for the Dependent Care Flexible Spending Account (DFSA) remains at $5,000 for 2019.

flexible spending accounts (FSAs)

Coming for 2019: an enhanced FSA participant experience — Smart-Choice Accounts. FSA participants enrolled in 2018 as well as those enrolling for 2019 will receive more information later in 2018.

With your new Smart-Choice Accounts, you will have an upgraded experience with:

- An easy-to-use website
- The Smart-Choice mobile app which provides a user-friendly experience, greater account insights and additional self-service capabilities
- Timely communications on your account status and any actions you need to take
- Quicker, easier reimbursement capabilities

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).

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 **$2,650** to an HFSA in 2019, up from $2,600 in 2018, and up to **$5,000** to a DFSA (unchanged from 2018).

General Information

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 2019.

Use it or lose it. You will forfeit any 2018 HFSA and/or DFSA balances if not used by the deadline(s) to incur expenses (March 15, 2019, for HFSA expenses; December 31, 2018, for DFSA expenses) and claims are not submitted (postmarked, faxed or uploaded) by April 15, 2019.

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, your HFSA debit card will be deactivated 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.

Keep Track of These Key FSA Dates

Key Dates	What You Need to Know/What You Need to Do
November 30, 2018	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, 2018	Last day to incur dependent care expenses that can be reimbursed from your 2018 DFSA.

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 in which you and your covered dependent(s) will be enrolled automatically for 2019 if you do not take any action during the annual open enrollment period.

Because your default coverage for 2019 may in some cases be different than your 2018 coverage, it is your responsibility to confirm that your 2019 default coverage shown on the YBR website during the annual open enrollment period is the coverage that you want for 2019.

You can find your default coverage on the YBR website at http://resources.hewitt.com/nokia from Monday, September 24, 2018, at 9:00 a.m., ET, through Friday, October 12, 2018, 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 11.

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

- **During annual open enrollment:** On the "Enroll in Your Benefits" page.
- **Year-round:** From the "Carriers & Other Resources" tab, select "Other Resources & Information."

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.

Remember: Vision Coverage Is a "Voluntary Benefit"
As a reminder, vision coverage is a voluntary benefit available through Added Benefits.

The 2019 Voluntary Benefits Annual Open Enrollment period begins on Monday, September 24, 2018, at 9:00 a.m., ET, and ends on Friday, November 2, 2018, at 5:00 p.m., ET. You may enroll in, disenroll from or change your 2019 vision coverage during these dates **only**. If you are currently enrolled in vision coverage and take no action, your 2018 coverage will automatically roll over into 2019.

To take action or to learn more, visit www.addedbenefitsaccess.com or call Added Benefits at 1-800-622-6045.

Late enrollments, disenrollments or changes will not be accepted.

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 24, 2018. (You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2019 coverage, or with questions about your 2019 plan options and pricing, until Monday, October 1, 2018, at 9:00 a.m., ET.)

Remember: You must take action before Friday, October 12, 2018, at 5:00 p.m., ET. Late enrollments will not be accepted.

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).

A one-time access code will be provided to you by telephone or text message as applicable (if you previously added your preferred telephone number — home or mobile — to the YBR website). You may also answer your security questions if you have previously completed them. If none of these are on file with YBR, you will need to request a temporary password be sent to you 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.

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 9);
- Add[5] or remove dependent(s) from coverage; and/or
- Make any other changes to your 2019 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.

[5] 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.

  - 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" (see below).

- **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 12, 2018, 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.

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 24, 2018,** 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, 2019, 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.

To See Your Contribution Costs for 2019…
Review the YBR website at http://resources.hewitt.com/nokia during the annual open enrollment period.

- **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.

- **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 2019. 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 *Benefits At-a-Glance and Resource Contact Information 2019* on the BenefitAnswers Plus website.

  – **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 (Nokia 85848) and employee ID number. 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.

- **Lose weight the healthy way with Real Appeal®.** Your UnitedHealthcare medical plan option also gives you access to Real Appeal, a fun and engaging online weight loss and healthy lifestyle program. Based on the science of what really works to help people lose weight and keep it off, Real Appeal is available at no cost to you and your covered family members age 18 and older. Connect with Real Appeal anytime at www.realappeal.com from your computer, tablet or smartphone.

- **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.

- **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 your Nokia medical coverage.
    - 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 name: "US-Nokia."

- **Planning to enroll in voluntary benefits coverage?** Be sure you know when you can — and cannot — enroll.
  - **Vision coverage, legal services and health advisory services:** You may enroll in or drop these voluntary benefits for 2019 **only** during the annual open enrollment period for your voluntary benefits (September 24, 2018 – November 2, 2018).
  - **Identity theft protection services, auto and home insurance and pet insurance:** You may add or drop coverage in these voluntary benefits anytime during the year.

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

  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.
- **See the value of your health coverage.** The Affordable Care Act (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 2018 Form W-2 no later than January 31, 2019.
- **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 2018 Form 1095-C no later than January 31, 2019.
- **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) for which you are eligible will be available on the YBR website at http://resources.hewitt.com/nokia beginning on September 24, 2018.
- **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 employees (including participants on a leave of absence or Short-Term Disability):** MyHRPortal
  - **COBRA participants and FSP survivors:** Call the Nokia Benefits Resource Center at 1-888-232-1411
- **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)**
▪ View your current coverage ▪ Review and compare your 2019 healthcare options and contribution costs — **and enroll online! (September 24, 2018 – October 12, 2018)** ▪ Opt out of your 2019 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 2019.

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.