ANNUAL OPEN ENROLLMENT 2019

what's changing and important reminders

The annual open enrollment period for your 2019 Nokia health and welfare benefits coverage is:

Online Only:
September 24, 2018 – September 30, 2018

Online and by Phone:
October 1, 2018 – October 12, 2018

(Look inside to learn more…)

FOR INACTIVE 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).

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2019 annual open enrollment period

The table below shows the timing for enrolling in and/or changing your coverage during the annual open enrollment period.

	Online Only	Online and by Phone
FROM:	**Monday, September 24, 2018, at 9:00 a.m., Eastern Time (ET), through Sunday, September 30, 2018**	**Monday, October 1, 2018, at 9:00 a.m., ET, through Friday, October 12, 2018, at 5:00 p.m., ET**
YOU MAY:	View your coverage and costs as well as make your elections on the Your Benefits Resources™ (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 during this time.**	View your coverage and costs as well as make your elections on the YBR website. You may also call the Nokia Benefits Resource Center to enroll in or make changes to your coverage. Representatives are available Monday through Friday from 9:00 a.m. to 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.

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.

Please note: You may not be eligible for all of the plans shown in this newsletter. To confirm the coverage for which you (and your dependent[s]) are eligible, you can visit the YBR website at http://resources.hewitt.com/nokia.

Other Changes May Apply to HMO Coverage

Unless noted, the changes in this newsletter do not apply to Health Maintenance Organization (HMO) options. You will need to check the YBR website at http://resources.hewitt.com/nokia 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*, available on the BenefitAnswers Plus website at www.benefitanswersplus.com.

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 newsletter, 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.

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.

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]	
	In-network			
Service	**2018**	**2019**	**2018**	**2019**
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 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.

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.

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.

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.

important reminders

Please keep in mind the following as you prepare to enroll in your 2019 Nokia health and welfare benefits.

Go Online for Enrollment Information

Enrollment information is available online starting on September 24, 2018:

- Annual open enrollment communication materials available at www.benefitanswersplus.com
- Your personalized health and welfare coverage options and costs available at http://resources.hewitt.com/nokia

Check Your 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.

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.**

Count on the Employee Assistance Program (EAP)

Need help coping with stress, family pressures, money issues or work demands? Reach out to the 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.

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.

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 11.
- **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.

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.

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.

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)

- 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

BenefitAnswers Plus Website
www.benefitanswersplus.com
(non-personalized — no password required)

- See benefits news and updates, including coverage tips and reminders
- Get your enrollment materials
- Find answers to your benefit questions
- View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs)
- Find carrier contact information 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.

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