

2020 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).

2020 annual open enrollment period

Online-Only Enrollment Period: October 14, 2019 – October 20, 2019	Online and Phone Enrollment Period: October 21, 2019 – November 1, 2019
<p>You may enroll in and/or change your 2020 Nokia health and welfare benefits coverage elections on the Your Benefits Resources™ (YBR) website at https://digital.alight.com/nokia beginning Monday, October 14, 2019, at 9:00 a.m., Eastern Time (ET), through Sunday, October 20, 2019. During this time, you may view your 2020 coverage and costs, as well as enroll in or make changes to your 2020 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 2020 coverage, or to ask questions about your 2020 plan options and pricing, until Monday, October 21, 2019, at 9:00 a.m., ET.</p>	<p>You may enroll in and/or change your 2020 Nokia health and welfare benefits coverage elections online on the YBR website or by calling the Nokia Benefits Resource Center starting on Monday, October 21, 2019, at 9:00 a.m., ET, through Friday, November 1, 2019, at 5:00 p.m., ET.</p>

You must take action before Friday, November 1, 2019, 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 2020.	Things to keep in mind during the annual open enrollment period — and all year.
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Important reminders for 2020.	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 2020

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, 2020.

Overview: What's Changing and Why

Each year, Nokia reviews the cost of the health and welfare benefits it offers to its eligible employees, with an eye toward maintaining a comprehensive and competitive program, both with respect to plan design and required employee contributions. This is often a challenge, given trends in healthcare inflation and plan utilization. Market data show that our medical plan design is now providing a much higher level of coverage than that provided by our competitors' plans. Therefore, effective January 1, 2020, changes will be made to our medical plan options.¹

For the Enhanced and Standard Point of Service (POS) medical options, there will be changes to coinsurance, copayments, out-of-network deductibles and annual out-of-pocket maximum amounts. Please note that these options do not have deductibles (the amount that you must pay out of pocket before the plan begins to pay benefits) for in-network coverage, whereas research shows that the average in-network medical plan deductible is currently \$1,573. There will be no change to these options' in-network deductibles for 2020; they will continue to pay benefits beginning with the first dollar you spend on medical care.

The two most impactful increases to the Enhanced and Standard POS medical options are:

- Lowering the coinsurance percentage (the percentage of covered costs that the plan will pay) for in-network coverage from 90% to 85% for the Enhanced POS option and from 80% to 75% for the Standard POS option, and
- Raising the Enhanced POS option's annual out-of-pocket maximums (the amounts that employees are required to pay before the plan pays 100%).

As a result of these and other changes, the out-of-pocket costs for most covered medical services will increase. Note, however, that, in most cases, the monthly employee contributions for medical benefits in 2020 will be the same or only slightly higher than they are in 2019.

¹ As a result of these changes, the plan will become "non-grandfathered" within the meaning of the Affordable Care Act (ACA). The effect of this is minimal, as the plan already complies with most of the administrative and plan design requirements of the ACA.

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 2020 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 2020* on the BenefitAnswers Plus website.

Important Update: Enhanced Security for YBR and Nokia Benefits Resource Center Passwords — Your Action May Be Required

Due to recent security enhancements, you may now be required to set up a new password when you log on to the YBR website. You may also be required to set up a separate, new password (now called a phone PIN) for calling the Nokia Benefits Resource Center. Your User ID will not change.

If you have not already done so, simply follow the on-screen prompts to create your new password and phone PIN.

Note: If you have forgotten your User ID and/or password and need to request new one(s), see "Have You Forgotten Your YBR Website User ID and/or Password?" on page 13 for details.

Contribution Amounts

Review the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period for your 2020 contribution amounts.

Medical and Prescription Drug Coverage Changes

Coinsurance, Copayments, Deductibles and Out-of-Pocket Maximums

Effective January 1, 2020, coinsurance as well as certain copayments, deductibles and out-of-pocket maximums for the Enhanced POS, Standard POS and Traditional Indemnity options will change. The table below provides a high-level summary of the most significant changes. Changes for 2020 are in **bold italics**.

For a more comprehensive list of medical services and their 2020 coverage levels, see *Benefits At-a-Glance and Resource Contact Information 2020* on the BenefitAnswers Plus website.

	Enhanced POS	Standard POS	Traditional Indemnity
Medical			
Coinsurance ^{2, 3}	In-Network: Plan pays 85% Out-of-Network: Plan pays 60%	In-Network: Plan pays 75% Out-of-Network: Plan pays 50%	Plan pays 80%
Annual Deductible	In-Network: None Out-of-Network: ▪ Individual: \$1,000 ▪ Two-person: \$2,000 ▪ Family: \$3,000	In-Network: None Out-of-Network: ▪ Individual: \$1,500 ▪ Two-person: \$3,000 ▪ Family: \$4,500	Individual: \$500 Two-person: \$1,000 Family: \$1,500
Annual Out-of-Pocket Maximum	In-Network: ▪ Individual: \$3,000 ▪ Family: \$6,000 Out-of-Network: ▪ Individual: \$5,000 (excludes deductible) ▪ Family: \$15,000 (excludes deductible)	In-Network: ▪ Individual: \$4,000 ▪ Family: \$8,000 Out-of-Network: ▪ Individual: \$9,000 (excludes deductible) ▪ Family: \$27,000 (excludes deductible)	Individual: \$3,000 Family: \$6,000

(continued on next page)

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).

³ Depending on the medical service, the coinsurance level may differ and/or you may need to satisfy the deductible or pay a copayment before the plan pays coinsurance. See *Benefits At-a-Glance and Resource Contact Information 2020* on the BenefitAnswers Plus website for more information.

	Enhanced POS	Standard POS	Traditional Indemnity
Prescription Drugs			
Annual Deductible (Retail)⁴	In-Network: None Out-of-Network: <ul style="list-style-type: none"> Individual: \$150 Two-person: \$300 Family: \$450 	In-Network: None Out-of-Network: <ul style="list-style-type: none"> Individual: \$200 Two-person: \$400 Family: \$600 	In-Network: None Out-of-Network: <ul style="list-style-type: none"> Individual: \$150 Two-person: \$300 Family: \$450
Annual In-Network Out-of-Pocket Maximum⁴	Individual: \$3,500 Family: \$7,000	Individual: \$4,000 Family: \$8,000	Individual: \$3,500 Family: \$7,000
Copayments and Coinsurance⁵ — Retail (up to a 30-day supply)	In-Network: You pay: <ul style="list-style-type: none"> Generic: \$20 copayment Formulary Brand: \$70 copayment Nonformulary Brand: \$100 copayment Out-of-Network: Plan pays 60% after you pay separate deductible (see above)	In-Network: You pay \$20 copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket minimum of \$20 and maximum of \$120/prescription Out-of-Network: Plan pays 50% for generic and brand-name drugs after you pay separate deductible (see above)	In-Network: You pay: <ul style="list-style-type: none"> Generic: \$20 copayment Formulary Brand: \$70 copayment Nonformulary Brand: \$100 copayment Out-of-Network: Plan pays 60% after you pay separate deductible (see above)
Copayments and Coinsurance⁵ — Mail Order (up to a 90-day supply)	You pay: <ul style="list-style-type: none"> Generic: \$50 copayment Formulary Brand: \$175 copayment Nonformulary Brand: \$250 copayment 	You pay \$50 copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket minimum of \$50 and maximum of \$300/prescription	You pay: <ul style="list-style-type: none"> Generic: \$50 copayment Formulary Brand: \$175 copayment Nonformulary Brand: \$250 copayment

⁴ The deductibles and out-of-pocket maximums for the Prescription Drug Program are separate from the deductibles and out-of-pocket maximums for POS and Traditional Indemnity coverage.

⁵ 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.

Get More from Your UnitedHealthcare® Medical Plan Option: Choose Premium Care Physicians

Choosing a doctor is one of the most important health decisions you will make. When you choose a Premium Care Physician from the UnitedHealth Premium® Program, you can be sure that the doctor meets the program's criteria for providing quality and cost-effective care.

To find a Premium Care Physician, log on to www.myuhc.com and select "Find a Provider." Premium Care Physicians will be at the top of your search results. Look for two blue hearts and the words "Premium Care Physician" in the doctor's profile.

To learn more, visit BenefitAnswers Plus at www.benefitanswersplus.com. Select the "Carriers & Other Resources" tab, then "Other Resources & Information" and then the "Find the Right Doctors: Use the UnitedHealth Premium® Program" link.

Costs for In-Network, Non-Preventive Doctor “Visits”

To help you access the most appropriate level of care at the lowest cost, copayments for in-network, non-preventive care visits under the Enhanced and Standard POS medical plan options will change as shown in the table below in **bold italics**. The table shows the type of care⁶ offered by virtual visits, your primary care physician (PCP), a specialist, an urgent care center and the emergency room, and the copayments for each. These copayments are effective January 1, 2020.

Location/Type of Visit	Care Offered	Enhanced POS	Standard POS
Virtual Visit	Nonemergency care for conditions such as allergies, bladder infections, bronchitis, cough/colds, diarrhea, fever, pink eye, rashes, sore throat and stomachache	You pay \$10 copayment/visit	You pay \$20 copayment/visit
Office Visit — Primary Care Physician (PCP)	Full range of routine, nonemergency care	You pay \$30 copayment/visit	You pay \$35 copayment/visit
Office Visit — Specialist	Nonemergency care for more specialized issues such as cancer, Crohn’s disease, joint problems and heart conditions	You pay \$40 copayment/visit	You pay \$60 copayment/visit
Urgent Care Center Visit	Nonemergency, non-life-threatening conditions that require immediate care when your regular doctor is not available, such as low back pain and minor injuries, burns and infections	You pay \$75 copayment/visit	You pay \$100 copayment/visit
Emergency Room Visit	Life-threatening or very serious conditions that require immediate care, such as chest pain, difficulty breathing, heavy bleeding, major injuries and burns, sudden weakness or trouble talking and sudden change in vision	<ul style="list-style-type: none"> Emergency use: You pay \$150 copayment (waived if admitted) Nonemergency use: Plan pays 60% after you pay \$150 copayment 	<ul style="list-style-type: none"> Emergency use: You pay \$200 copayment (waived if admitted) Nonemergency use: Plan pays 50% after you pay \$200 copayment

⁶ Source: UnitedHealthcare

For a more comprehensive list of medical services and the 2020 coverage levels, see *Benefits At-a-Glance and Resource Contact Information 2020* on the BenefitAnswers Plus website.

Right Care. Right Place. Right Savings.

You and your family have more options than ever when you need medical care.

UnitedHealthcare’s **Check. Choose. Go.**[®] guide can help you make the right choice for your situation.

You can access the guide directly at <https://www.uhc.com/individual-and-family/member-resources/know-your-care-options>. You can also visit BenefitAnswers Plus at www.benefitanswersplus.com, select the “Carriers & Other Resources” tab, then “Other Resources & Information” and then the “Where to Get Care: Check. Choose. Go.” link.

Age Limit Eliminated for Applied Behavior Analysis Therapy

Effective January 1, 2020, the plan will cover Applied Behavior Analysis (ABA) therapy for eligible dependents **of any age** who have a primary diagnosis of autism spectrum disorder. (Previously, coverage was limited to eligible dependents age 11 and under.)

Coverage is at the in-network, outpatient, mental health rate and is subject to prior authorization requirements. Support is also available to help you navigate community, state, federal and educational resources.

For more information, contact UnitedHealthcare's Optum Advocate at 1-800-577-8539 (Enhanced and Standard POS) or 1-800-577-8567 (Traditional Indemnity). Except as provided above, ABA therapy is excluded from coverage under the plan.

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, 2020:

- Aetna Pennsylvania
- EmblemHealth

If you are currently enrolled in either of these HMOs, you will need to choose another medical plan option for 2020.

If you do not make a new election, you will be automatically assigned medical coverage (i.e., enrolled in default coverage) for 2020. For more information about default coverage, see "Check Your Default Coverage" on page 12.

\$0 Out-of-Pocket Cost for Certain Preventive Medications

In accordance with the requirements of the Affordable Care Act (ACA) for non-grandfathered plans, effective January 1, 2020, certain preventive medications, including some over-the-counter (OTC) medications, will be covered 100 percent without imposing a copayment, coinsurance, or deductible as long as they are presented with a prescription from a licensed health care provider. This will apply to the Enhanced POS, Standard POS and Traditional Indemnity options.

The list of eligible medications is subject to change as ACA guidelines are updated or modified. For information about the medications covered under the prescription drug program, please call Express Scripts at 1-800-336-5934 or visit www.express-scripts.com.

Please note that eligible vaccines will be covered under the medical plan, not the prescription drug program. You must present your medical, not prescription drug, member ID card when visiting a provider for these immunizations. For information about the covered vaccines, please call UnitedHealthcare at 1-800-577-8539 or visit www.myuhc.com.

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

Similar to the medical plan, as part of our efforts to control healthcare costs, we will be making changes to our dental plan options for 2020. Currently, deductibles, coinsurance and annual maximums are the same whether you use a MetLife Preferred Dentist Program (PDP) Plus (i.e., in-network) provider or a non-PDP Plus (i.e., out-of-network) provider.

Effective January 1, 2020, both the Enhanced and Standard Dental Options will have a difference in benefit levels based on whether you use an in-network provider versus an out-of-network provider. To receive the in-network level of benefits, you will be required to use an in-network provider. For most services, you will receive reduced benefits if you use an out-of-network provider.

At the same time, please be aware of a few things that are **not** changing for 2020 and will be the same as they are today:

- If you use an in-network provider, there will be no changes to your coverage.
- In-network and out-of-network coinsurance and lifetime maximums for orthodontia are **not** changing.
- Contribution rates for dental coverage are **not** increasing.

The table below provides a high-level summary of the changes, which are shown in ***bold italics***. For a more comprehensive list of dental services and their 2020 coverage levels, see *Benefits At-a-Glance and Resource Contact Information 2020* on the BenefitAnswers Plus website.

	MetLife Enhanced Dental		MetLife Standard Dental	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Annual Deductible (per individual; applies to Basic and Major services only; in- and out-of-network combined)	\$0	<i>\$50</i>	\$50	<i>\$100</i>
Coinsurance ⁷ (amount the plan pays)	Preventive/diagnostic services: 100% Basic services: 80% Major services: 80%	Preventive/diagnostic services: <i>90%</i> Basic services: <i>70% after deductible</i> Major services: <i>70% after deductible</i>	Preventive/diagnostic services: 100% Basic services: 80% after deductible Major services: 50% after deductible	Preventive/diagnostic services: <i>90%</i> Basic services: <i>70% after deductible</i> Major services: <i>40% after deductible</i>
Annual Maximum Benefit Payable (per individual; in- and out-of-network combined)	\$2,250	<i>\$1,750</i>	\$1,500	<i>\$1,000</i>
Orthodontia Coinsurance	50%	50%	50%	50%
Orthodontia Lifetime Maximum (per individual; in- and out-of-network combined)	\$2,000	\$2,000	\$1,500	\$1,500

⁷ 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, 2020, you can contribute up to \$2,700 per year to a Health Care Flexible Spending Account (HFSA). This is a \$50 increase from the current \$2,650 annual contribution limit. The annual contribution limit for the Dependent Care Flexible Spending Account (DFSA) remains at \$5,000 for 2020.

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 <https://digital.alight.com/nokia> during the annual open enrollment period. However, if you do not have Internet access, or if you have Internet access but prefer to have a copy of the enrollment information sent to you, you must make your request through the Nokia Benefits Resource Center's automated system **only**.

Like YBR, the automated telephone system is easy and convenient to use. **Starting October 14, 2019**, 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, 2020, 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.

flexible spending accounts (FSAs)

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

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 2020.

Use it or lose it. You will forfeit any 2019 HFSA and/or DFSA balances if not used by the deadline(s) to incur expenses (March 15, 2020, for HFSA expenses; December 31, 2019, for DFSA expenses) and if claims are not submitted (postmarked, faxed or uploaded) to Alight Smart-Choice Accounts™ (Smart-Choice Accounts) by May 15, 2020.

You must keep all your receipts for eligible expenses. You may be asked to submit them for reimbursement. In particular, if you cannot provide proof of a healthcare claim with a receipt, your Alight Smart-Choice Card™ (Smart-Choice 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 healthcare expenses. Your Smart-Choice Card will be reactivated once you have submitted the necessary payment or valid receipts.

If you are enrolled in the HFSA in 2019 and re-enroll for 2020, hold on to your Smart-Choice Card. You can continue to use your current Smart-Choice Card in 2020 for 2020 Plan Year expenses.

If you newly enroll in an FSA for 2020, you will receive a “welcome” email from Smart-Choice in December. The Smart-Choice 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.

- Soon after you receive your welcome email, you will receive a Smart-Choice Card that you can use to pay eligible healthcare expenses beginning January 1, 2020. You cannot use your Smart-Choice Card for DFSA expenses.
- Note that your Smart-Choice Card is automatically activated the first time you swipe it to pay for an eligible healthcare expense. You do not need to visit the Smart-Choice website or call the Nokia Benefits Resource Center to activate it.
- Need additional Smart-Choice Cards? Once your Smart-Choice Card is activated, you can request additional cards for eligible dependents (spouse, children) anytime through the Smart-Choice website or by calling the Nokia Benefits Resource Center.
- You can download the Smart-Choice Mobile app from your mobile device's app store. The app provides a user-friendly experience, greater account insights and additional self-service capabilities.

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 **\$2,700** to an HFSA in 2020, up from \$2,650 in 2019, and up to **\$5,000** to a DFSA (unchanged from 2019).

Keep Track of These Key FSA Dates

Key Dates	What You Need to Know/What You Need to Do
November 30, 2019	<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, 2019	<ul style="list-style-type: none"> ▪ Last day to incur dependent care expenses that can be reimbursed from your 2019 DFSA.
January 1, 2020	<ul style="list-style-type: none"> ▪ The new Plan Year begins. ▪ If you have a balance in your 2019 HFSA: The 2019 HFSA “grace period” (January 1, 2020, through March 15, 2020) begins. You can use your balance to pay for eligible healthcare expenses you incur during the grace period. <ul style="list-style-type: none"> – If you re-enrolled in an HFSA for 2020: For eligible expenses incurred in 2020, you can use your Smart-Choice Card or submit claims to Smart-Choice online, through the Smart-Choice Mobile app or by fax or mail. <ul style="list-style-type: none"> • If you use your Smart-Choice Card: <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 Smart-Choice receives appropriate documentation before the May 15, 2020, claims submission deadline, the claim will be applied to your prior Plan Year balance (if available). • If you submit claims to Smart-Choice: Smart-Choice will automatically draw from your 2019 balance before using your 2020 account to pay for eligible expenses you incur during the grace period. – If you did not re-enroll in an HFSA for 2020: For eligible expenses incurred in 2019, submit claims to Smart-Choice online, through the app or by fax or mail. For eligible expenses incurred during the grace period, you also have the option to use your Smart-Choice Card. ▪ If you do not have a balance in your 2019 HFSA or if you are newly enrolled in an HFSA for 2020: Start using your 2020 Smart-Choice HFSA to be reimbursed for eligible healthcare expenses. You can use your Smart-Choice Card or submit claims to Smart-Choice online, through the app or by fax or mail. ▪ If you have (re-)enrolled in a DFSA for 2020: Start using your 2019 Smart-Choice DFSA to be reimbursed for eligible dependent care expenses. You can submit claims to Smart-Choice online, through the app (you will need to provide the day care provider's eSignature) or by fax or mail. You cannot use the Smart-Choice Card to pay for DFSA expenses.

(continued on next page)

Key Dates	What You Need to Know/What You Need to Do
March 15, 2020	<ul style="list-style-type: none"> 2019 HFSA grace period ends. This is the last day to incur eligible healthcare expenses that can be reimbursed from your 2019 HFSA.
May 15, 2020	<ul style="list-style-type: none"> 2019 FSA claims submission deadline. All your 2019 HFSA and/or DFSA claims must be submitted to Smart-Choice by this date. <ul style="list-style-type: none"> Important! Do not wait until the last minute to submit your final 2019 claims to Smart-Choice. It may take up to 10 days for a claim to be processed, so be sure to submit your claim far enough in advance of the May 15 deadline to ensure there is sufficient time to resolve any issues that may affect your claim. After May 15, 2020, no additional documentation will be accepted for incomplete or invalid 2019 claims. This means that: <ul style="list-style-type: none"> If you submit a claim on May 15 but the documentation is incomplete or invalid (for example, a receipt is missing or a faxed submission is illegible), the claim will be denied and you will not be reimbursed for your expense. However, if you submit a claim on May 15 and all documentation is complete and valid, your claim will be processed and you will be reimbursed.

For More Information

If you have questions about your FSA(s), contact Smart-Choice Accounts 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 2020 if you do not take any action during the annual open enrollment period.

Because your default coverage for 2020 may in some cases be different than your 2019 coverage, it is your responsibility to confirm that your 2020 default coverage shown on the YBR website during the annual open enrollment period is the coverage that you want for 2020.

You can find your default coverage on the YBR website at <https://digital.alight.com/nokia> from Monday, October 14, 2019, at 9:00 a.m., ET, through Friday, November 1, 2019, 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 8.

Remember: Vision Coverage Is a “Voluntary Benefit”

As a reminder, vision coverage is a voluntary benefit available through Added Benefits.

The 2020 Voluntary Benefits Annual Open Enrollment period begins on Monday, October 14, 2019, at 9:00 a.m., ET, and ends on Friday, November 1, 2019, at 5:00 p.m., ET.

You may enroll in, disenroll from or change your 2020 vision coverage during these dates **only**. If you are currently enrolled in vision coverage and take no action, your 2019 coverage will automatically roll over into 2020.

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 <https://digital.alight.com/nokia>. Keep in mind that, this year, you can make your elections on the YBR website beginning on October 14, 2019. (You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2020 coverage, or with questions about your 2020 plan options and pricing, until Monday, October 21, 2019, at 9:00 a.m., ET.)

Remember: You must take action before Friday, November 1, 2019, 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 that 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.

Tip: If you have not already done so, 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.)

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 12);
- Add⁸ or remove dependent(s) from coverage; and/or
- Make any other changes to your 2020 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.

⁸ 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.

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” (see page 8).
- **Review your dependent(s) on file for each of your benefit plans** — and make any updates or corrections.
- **Click “Complete Enrollment”** when you are done making your elections or if you must log off the YBR website before completing your elections — otherwise, your elections made up to that point will not be saved. You can log back on and make any additional changes before your enrollment deadline (Friday, November 1, 2019, 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.

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 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.MagellanAscend.com.
- **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.
 - **COBRA continuation coverage *is* offered to dependents who lose coverage due to reaching the age limit.** Dependents aging out of group health plan eligibility will maintain coverage through the end of the month in which they turn age 26. If your dependent is aging out, you will receive communication about the loss of coverage and the applicable COBRA paperwork.
- **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 the Enhanced or Standard POS option, you will receive a new medical member ID card from UnitedHealthcare by January 1, 2020. If you are re-enrolling in the Traditional Indemnity option, continue to use your current medical member ID card in 2020. Regardless of which medical option you are re-enrolling in, you will not receive a new prescription drug member ID card. Continue to use your current Express Scripts prescription drug member ID card in 2020.
 - If you are enrolling in UnitedHealthcare medical coverage for the first time, you will receive new member ID cards from UnitedHealthcare and Express Scripts by January 1, 2020.
 - If you have not received your new cards by January 1, 2020, 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

To See Your Contribution Costs for 2020...

Review the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period.

- 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 2020* 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 feel supported 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 <https://digital.alight.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 in-network dentists:** When comparing your dental plan options on the YBR website, click the “Find a Dentist” link to search for in-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 2020 **only** during the annual open enrollment period for your voluntary benefits (October 14, 2019 – November 1, 2019).
 - **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 2019 Form W-2 no later than January 31, 2020.
- **You may receive the ACA-required Internal Revenue Service (IRS) 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. Employers must provide forms for the 2019 tax year to participants, as applicable, no later than January 31, 2020.
- **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 <https://digital.alight.com/nokia> beginning on October 14, 2019.
- **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 <https://digital.alight.com/nokia> (personalized and password-protected)

- View your current coverage
- Review and compare your 2020 healthcare options and contribution costs — **and enroll online! (October 14, 2019 – November 1, 2019)**
- Opt out of your 2020 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 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 2020.

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 health and welfare 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 Nokia of America Corporation (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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