



find out
what's
changing
for 2020
so you will
be ready

visit the BenefitAnswers Plus website

You may enroll in your 2020 Nokia health and welfare benefits coverage:

Online only:

October 14, 2019 – October 20, 2019

Online and by phone:

October 21, 2019 – November 1, 2019

(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).

NOKIA

2020 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, October 14, 2019,
at 9:00 a.m., Eastern Time (ET), through
Sunday, October 20, 2019

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 2020 coverage, or to ask questions about your 2020 plan options and pricing, until Monday, October 21, 2019, at 9:00 a.m., ET.

Monday, October 21, 2019,
at 9:00 a.m., ET, through
Friday, November 1, 2019, at 5:00 p.m., ET.

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 from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.

You must take action before Friday, November 1, 2019, at 5:00 p.m., ET. Late enrollments will not be accepted.

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 10 for details.



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.

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.

¹As 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.

> 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 <i>85%</i> Out-of-Network: Plan pays <i>60%</i>	In-Network: Plan pays <i>75%</i> Out-of-Network: Plan pays <i>50%</i>	Plan pays 80%
Annual Deductible	In-Network: None Out-of-Network: • Individual: <i>\$1,000</i> • Two-person: <i>\$2,000</i> • Family: <i>\$3,000</i>	In-Network: None Out-of-Network: • Individual: <i>\$1,500</i> • Two-person: <i>\$3,000</i> • Family: <i>\$4,500</i>	Individual: <i>\$500</i> Two-person: <i>\$1,000</i> Family: <i>\$1,500</i>
Annual Out-of-Pocket Maximum	In-Network: • Individual: <i>\$3,000</i> • Family: <i>\$6,000</i> Out-of-Network: • Individual: <i>\$5,000</i> (excludes deductible) • Family: <i>\$15,000</i> (excludes deductible)	In-Network: • Individual: <i>\$4,000</i> • Family: <i>\$8,000</i> Out-of-Network: • Individual: \$9,000 (<i>excludes deductible</i>) • Family: <i>\$27,000</i> (<i>excludes deductible</i>)	Individual: <i>\$3,000</i> Family: <i>\$6,000</i>

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.

(continued on next page)

	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 below 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 <i>\$10</i> copayment/visit	You pay <i>\$20</i> copayment/visit
Office Visit — Primary Care Physician (PCP)	Full range of routine, nonemergency care	You pay <i>\$30</i> copayment/visit	You pay <i>\$35</i> copayment/visit
Office Visit — Specialist	Nonemergency care for more specialized issues such as cancer, Crohn’s disease, joint problems and heart conditions	You pay <i>\$40</i> copayment/visit	You pay <i>\$60</i> 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 <i>\$75</i> copayment/visit	You pay <i>\$100</i> 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 <i>\$150</i> copayment (waived if admitted) • Nonemergency use: Plan pays <i>60%</i> after you pay <i>\$150</i> copayment 	<ul style="list-style-type: none"> • Emergency use: You pay <i>\$200</i> copayment (waived if admitted) • Nonemergency use: Plan pays <i>50% after you pay \$200 copayment</i>

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 10.

\$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	
	In-Network	Out-of-Network	In-Network	Out-of-Network
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>
Coinsurance⁷ (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.



Remember: Vision Coverage Is a "Voluntary Benefit"

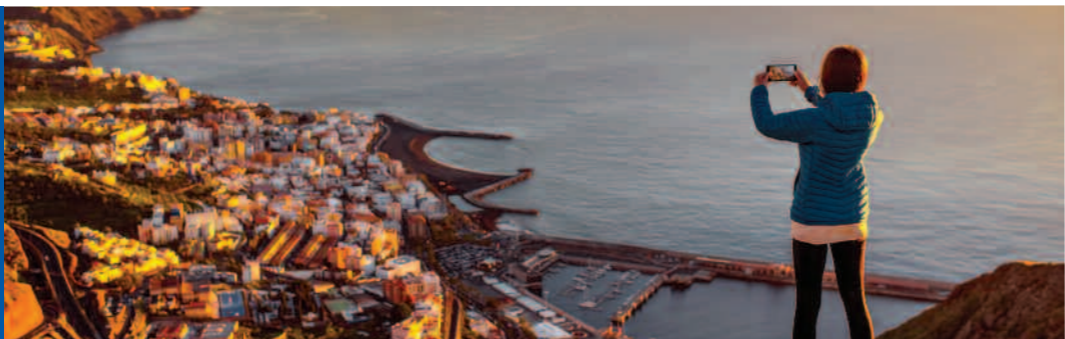
As a reminder, vision coverage is a voluntary benefit available through Added Benefits.

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.

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 9.

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.

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.)



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 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 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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