



Get more from your 2022 Nokia benefits

Important information about using your benefits in 2022

For eligible employees under the US active management plan design*

*Includes eligible active employees, employees on a leave of absence (LOA) or Short-Term Disability (STD), and COBRA and Family Security Program (FSP) participants

2022 Post-Enroll_ACTIVE

NOKIA

What's inside

Additional vaccine provider	3
New! Submit out-of-network claims and track prior authorization requests on myuhc.com®	3
Read this now if you are enrolled in a Flexible Spending Account (FSA).....	4
The importance of preventive care	7
What you need to know about your member ID cards	7
Get more from your UnitedHealthcare medical plan option: Choose Premium Care Physicians	8
When caller ID says “UnitedHealthcare,” please answer the phone	8
Attention UnitedHealthcare members: Take advantage of these tools and resources anytime.....	9
Need a helping hand? Count on the Employee Assistance Program (EAP)	14
Manage your dental benefits with the MetLife US app	15
Save on taxes with the Commuter Benefits Program	17
There's an app for that!.....	18
Take a fresh look at your savings plan	19
Keep your life insurance and/or savings plan beneficiaries up to date	19
Coming your way: Tax form 1095	20

Additional vaccine provider

Good news! Nokia has contracted with CVS Caremark to cover vaccinations for UnitedHealthcare medical plan members under our prescription drug program.

If you are a member, this means that now when you visit a CVS or non-CVS retail pharmacy for a preventive vaccine and show your CVS Caremark prescription drug member ID card, the vaccination will be covered.

Vaccinations continue to be covered when you present your UnitedHealthcare medical plan member ID card at a doctor's office, MinuteClinic or non-CVS retail pharmacy in the UnitedHealthcare network. For further information or questions, please call CVS Caremark at 1-800-240-9623 or UnitedHealthcare at 1-800-577-8539.

This change took effect October 13, 2021.

New! Submit out-of-network claims and track prior authorization requests on myuhc.com®

If you are enrolled in a UnitedHealthcare medical plan option, you can now complete the following actions through **myuhc.com**:

- **Submit claims for reimbursement of out-of-network medical services.** To get started, log on to www.myuhc.com, select "Claims and Accounts" and follow the prompts to provide the necessary information and upload any required documentation.
- **Track requests for prior authorization of outpatient medical services.** View the details and status of your in-process requests, determination results (approved, denied, partially denied or canceled) and appropriate next steps. There is also an FAQ section to help answer common questions. To get started, log on to www.myuhc.com, select "Claims and Accounts" and follow the prompts.

Read this now if you are enrolled in a Flexible Spending Account (FSA)

As the new year approaches, here is some important information to keep in mind if you are (or were) enrolled in a Health Care Flexible Spending Account (HFSA) and/or Dependent Care Flexible Spending Account (DFSA) for 2020, 2021 and/or 2022.

Keep track of these key FSA dates

As announced earlier this year, Nokia has adopted several changes to the HFSAs and DFSAs in response to federal COVID-19 relief measures. These changes affect certain “grace period” and claims submission deadlines for both accounts, which are summarized below.

Plan year	Grace period ends	Claims filing deadline
HFSA		
2020	December 31, 2021	May 15, 2022
2021	December 31, 2022	May 15, 2023
2022	March 15, 2023	May 15, 2023
DFSA		
2020	December 31, 2021	May 15, 2022
2021	December 31, 2022	May 15, 2023
2022	Not applicable	May 15, 2023

What you need to know and do when the new Plan Year starts on January 1, 2022

About HFSA expenses and claims

- **If you have a balance in your 2020 HFSA:** You have until **May 15, 2022**, to submit claims for eligible healthcare expenses incurred through December 31, 2021 (the last day of the 2020 HFSA “grace period”). You must submit those claims to Alight Smart-Choice Accounts™ (Smart-Choice) online, through the Smart-Choice Mobile app or by fax or mail. You cannot use your Alight Smart-Choice Card™ (Smart-Choice Card) to pay for those expenses.
- **If you have a balance in your 2021 HFSA:** The 2021 HFSA grace period (January 1, 2022, through December 31, 2022) begins. You can use your balance to pay for eligible healthcare expenses you incur during the grace period.
- **If you re-enrolled in an HFSA for 2022:** For eligible expenses incurred in 2022, 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.
- **If you use your Smart-Choice Card:**
 - ♦ Expenses incurred during the 2021 grace period that are auto-substantiated will automatically be applied to your balance for the **2021** Plan Year (if available).
 - ♦ Expenses incurred during the 2021 grace period that are **not** auto-substantiated will be applied to your balance for the **2022** Plan Year. However, if Smart-Choice receives appropriate documentation before the May 15, 2023, claims submission deadline, the claim will be applied to your **2021** Plan Year balance (if available).

- **If you submit claims to Smart-Choice:** Smart-Choice will automatically draw from your 2021 balance before using your 2022 account to pay for eligible expenses you incur during the grace period.
- **If you did not re-enroll in an HFSA for 2022:** For eligible expenses incurred in 2021, 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 2021 HFSA or if you are newly enrolled in an HFSA for 2022:** Start using your 2022 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.

About DFSA expenses and claims

Note: You cannot use the Smart-Choice Card to pay for **any** dependent care expenses. You will need to submit your claims for dependent care expenses to Smart-Choice online, through the app (you will need to provide the day care provider's eSignature) or by fax or mail.

- **If you have a balance in your 2020 DFSA:** You have until **May 15, 2022**, to submit claims for eligible dependent care expenses incurred through December 31, 2021 (the last day of the 2020 DFSA grace period).
- **If you have a balance in your 2021 DFSA:** The 2021 DFSA grace period (January 1, 2022, through December 31, 2022) begins. You can use your balance to pay for eligible dependent care expenses you incur during the grace period. Smart-Choice will automatically draw from your 2021 balance before using your 2022 account (as applicable) to pay for eligible expenses you incur during the grace period.
- **If you do not have a balance in your 2021 DFSA and you have re-enrolled in a DFSA for 2022, or if you are newly enrolled in a DFSA for 2022:** Start using your 2022 Smart-Choice DFSA to be reimbursed for eligible dependent care expenses.

Be sure to submit all claims for 2020 HFSA and DFSA expenses by May 15, 2022

Keep in mind, **you must submit all your 2020 HFSA and/or DFSA claims to Smart-Choice by May 15, 2022.**

Do not wait until the last minute to submit your final 2020 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, 2022, no additional documentation will be accepted for incomplete or invalid 2020 claims. This means that:

- 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.

Important reminders

Manage your FSA(s) from anywhere

You can manage your HFSA and/or DFSA on the go from your Apple® or Android™ mobile device with the Smart-Choice Mobile app.

Use the app to:

- **Save time.** Submit claims for reimbursement, quickly and conveniently, from anywhere, anytime.
- **Save money.** Forget the postage! Submit your documentation by uploading a picture of your receipt (taken with or stored on your mobile device) with your claim.
- **Get immediate access.** View account information on demand, including balances, card transactions and claim status.

Getting the app is easy. Just locate the Smart-Choice Mobile app in your mobile device's app store and download it onto your device.

What documentation do you need to be reimbursed from your HFSA?

To process your reimbursement from your HFSA, you need to include an Explanation of Benefits (EOB) from your healthcare carrier or a copy of your itemized receipt for the expense. Eligible receipts must contain:

- Name of the service provider or retailer;
- Date of the service or purchase;
- Identification of the drug or product, or a description of the service;
- Purchase amount for each product or service; and
- Total purchase amount.

Hang on to those receipts!

If you cannot provide proof of an HFSA claim with a receipt, your HFSA card will be deactivated and you will be asked to either submit payment to cover the expense or submit substitute receipts for any other eligible out-of-pocket expense.

Enrolled in a DFSA? Use provider certification!

The Smart-Choice Provider Certification feature can help make filing your DFSA claims easier:

- Print your online DFSA claim form from the Smart-Choice website.
- Have your dependent care provider sign the Provider Certification section.
- When you file your claim, just submit the signed form. No receipts needed!

Using the Smart-Choice Mobile app to file your DFSA claims? With the app's Dependent Care E-Signature feature, you don't need to submit a hard-copy or electronic receipt from your dependent care provider for reimbursement. Just have your provider tap and sign the signature line of your mobile device's screen. Select "Next" and then complete the rest of the claims submission process as usual.

Important: Ensure that your dependent(s) qualify for a DFSA under Internal Revenue Service (IRS) guidelines. This means your dependent child must be under the age of 13.^{1,2}

For more information

Questions about your FSA(s)? Contact Smart-Choice via a link on the Your Benefits Resources™ (YBR) website at <https://digital.alight.com/nokia>. You can also call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711). Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern time (ET), Monday through Friday.

¹ Age limit does not apply if your dependent is mentally or physically incapable of self-care, lives with you for more than half of the calendar year and has not been able to provide more than one-half of his or her own support for the calendar year.

² **Exception for Plan Year 2020 only:** If, during 2020, you were enrolled in a DFSA and your child turned age 13, you can use your DFSA to be reimbursed for eligible dependent care expenses for that child through **December 31, 2021**, even after he or she turns age 14. Refer to [this notice](#) and the [FSA Temporary COVID Relief Plan Amendment and Summary of Material Modifications](#) for details.

The importance of preventive care

Protecting your and your family's health is one of the most important things you can do. Keeping a focus on regular preventive care can help you and your family get and stay healthier.

Preventive care, including regular medical checkups, screenings and immunizations, is important to maintaining your good health. It can help you avoid potentially serious health conditions and/or obtain early diagnosis and treatment. Generally, the sooner your doctor can identify and treat a medical condition, the better the outcome.

Talk with your doctor or other healthcare provider to determine the preventive care services that are appropriate for you and your family. Which services you should receive, and how often you should receive them, will depend on your current health, personal and family medical histories, age and gender, as well as any risk factors.

In addition, be sure to check with your carrier to confirm whether — and how — a particular preventive care service is covered.

Please note: If you are enrolled in a UnitedHealthcare medical plan option, you can review [UnitedHealthcare's preventive care guidelines for children and adults here](#).

What you need to know about your member ID cards

Here is what you need to know about your medical, prescription drug and/or dental member ID cards:

Medical and prescription drug

- If you have changed your UnitedHealthcare medical plan option or have enrolled in UnitedHealthcare medical coverage for the first time for 2022, you will receive a new medical plan member ID card from UnitedHealthcare by January 1, 2022. (If you have newly enrolled in UnitedHealthcare medical coverage for 2022, you will also receive a new prescription drug member ID card from CVS Caremark by January 1, 2022.)
- If you have not changed your UnitedHealthcare medical plan option for 2022, continue to use your current medical plan member ID card in 2022. You will not receive a new medical plan member ID card. However, an updated medical plan member ID card that shows your medical deductibles and out-of-pocket maximums (as applicable) will be available for download on the UnitedHealthcare website starting January 1, 2022. You may also call UnitedHealthcare at the toll-free phone number on your current card and request a new member ID card from Customer Service.
- CVS Caremark will not provide current members with new prescription drug member ID cards for 2022. Please continue to use your current CVS Caremark member ID card in 2022.
- If you have not received your new card(s) (as applicable) by January 1, 2022, or if you need new cards for yourself or additional cards for your dependents, you may print them from the applicable carrier's website:
 - Medical (UnitedHealthcare): www.myuhc.com
 - Prescription drug (CVS Caremark): Caremark.com
- For HMO coverage, 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 2022* on the BenefitAnswers Plus website.

Starting in January, your healthcare provider or pharmacy should be able to confirm your coverage directly with UnitedHealthcare (medical for the Enhanced POS, Standard POS and Traditional Indemnity options), CVS Caremark (prescription drug for the Enhanced POS, Standard POS and Traditional Indemnity options) or your HMO (medical and prescription drug).

Dental

MetLife does not issue dental plan 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. You can review your dental benefits at www.metlife.com/mybenefits. (To sign in, use the company/group name "US-Nokia" and follow the on-screen prompts.)

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. The UnitedHealth Premium® Program can help.

How the UnitedHealth Premium Program works

The UnitedHealth Premium Program uses evidence-based medicine and national standardized measures to evaluate physicians in various specialties. When you choose a Premium Care Physician, you can be sure that the doctor meets the program's criteria for providing quality and cost-effective care.

How to find a Premium Care Physician

Simply 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.

Keep in mind: If a doctor does not have a Premium designation, it does not mean that he or she provides a lower standard of care. It could mean that the data available to UnitedHealthcare was not sufficient to include the doctor in the program or that the doctor practices in a specialty not evaluated as a part of the Premium designation program. All doctors who are part of the UnitedHealthcare network must meet rigorous credentialing requirements, which are separate from the Premium program.

To learn more, visit the BenefitAnswers Plus website 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.

When caller ID says "UnitedHealthcare," please answer the phone

This is one call you do not want to miss.

If you are enrolled in a UnitedHealthcare medical plan option, you may receive a call from a UnitedHealthcare nurse. Why? Because you or a covered family member has been identified as someone who could benefit from a telephone conversation with a nurse. **This is not a sales call; no one will try to sell you anything.**

For instance, a UnitedHealthcare nurse may call to share information about an available program or service (such as a clinical management program or wellness coaching) that could help you improve your health. Or a nurse may call to check in and offer support if you or a covered family member has a chronic medical condition, was recently hospitalized or is pregnant.

This telephone outreach service is an extension of your Nokia medical plan benefits and is designed to provide additional support to members. All UnitedHealthcare nurses who call will identify themselves, confirm they are speaking with the correct Nokia medical plan member, explain the reason for their call and give you the opportunity to call them back at your convenience. **You will not be asked to provide any personal health information.**

The bottom line: When UnitedHealthcare calls, please answer the phone. You have nothing to lose, and so much to gain!

Important: Your privacy is protected. UnitedHealthcare is dedicated to safeguarding your privacy. UnitedHealthcare does not share your name or any other identifying information. Your conversations will remain confidential. Any health information collected as part of the assessment will be kept confidential in accordance with the Notice of Privacy Practices; be used only for health and wellness recommendations or for payment, treatment or healthcare operations; and be shared with your health plan, but not with your employer.

[Learn more about UnitedHealthcare's outreach service here.](#)

Right care. Right place. Right savings.

Doctor's office. Virtual visit. Convenience care clinic. Urgent care center. Emergency room. 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 at uhc.com/checkchoosego or [here](#).

Attention UnitedHealthcare members: Take advantage of these tools and resources anytime

UnitedHealthcare offers a number of tools and resources to help you manage your and your family's health and healthcare. All are available at **no additional cost to you.**

Voice identification (ID)

When you call UnitedHealthcare at the number on the back of your member ID card, you can use a voice ID to authenticate yourself going forward. Here is how it works:

During your call, you will have the option to record a voice ID while speaking your date of birth. Then, whenever you call UnitedHealthcare in the future, the system will recognize you when you say your birthdate.

If you prefer not to record a voice ID, no problem! Simply follow the system prompts to authenticate your identity every time you call. The choice is yours.

Virtual visits

As part of your UnitedHealthcare medical benefits, you and your covered family members have a convenient alternative for nonemergency and behavioral healthcare: virtual visits.

A virtual visit lets you see and talk to a doctor or licensed behavioral health virtual therapist from your smartphone, tablet or computer.

(Not a UnitedHealthcare member? Check with your HMO to see if it offers a similar service.)

Nonemergency care

Virtual visits via Teladoc®, Doctor On Demand and Amwell are available 24/7 for help with common health conditions like allergies, flu, pink eye, rashes, sore throats, and stomachaches.

If you are enrolled in a Point of Service (POS) medical plan option, your cost for a virtual visit (\$10 copayment per visit under the Enhanced POS option or \$20 copayment per visit under the Standard POS option) is significantly less expensive than an office, urgent care center or emergency room visit. If you are enrolled in the Traditional Indemnity option, a virtual visit is covered like any physician office visit: the plan pays 80 percent after the deductible.

Most visits take about 10 – 15 minutes. Doctors can write a prescription³, if needed, that you can pick up at your local pharmacy.

To register for and request a virtual visit, log on to **myuhc.com**. In the center of your home page, you will see “My providers and facilities.” Scroll to the right and select “Virtual Visits: Connect with a Doctor Online.” You can also download the UnitedHealthcare mobile app.

Once registered, you can request a virtual visit.

- When you schedule an appointment, you can view the total number of appointments available, by provider, over the next seven days.
- Once you choose a provider, if the provider is currently available, an “Available Now” label will display. You can change from a scheduled visit to a “Meet Now” with the selected provider at that time, or you can continue to request an appointment time.
- When you select a scheduled visit with a specific provider, all providers with at least one appointment “slot” will display. The first available time slot you can choose will be 30 minutes from “now,” rounded up. Once you choose an appointment time with a provider, all other providers will “collapse” from the online view.
- You will be informed that the visit will start within a 15-minute window to allow the doctor to finish up with any previous patients.

Pay your portion of the service via credit or debit card (including your HFSA debit card, if applicable) according to the terms of your medical plan option. Then, enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms and treatment options.

Prefer a virtual visit for nonemergency care by telephone?

Simply call 1-855-615-8335 to speak with a Teladoc, Doctor On Demand or Amwell doctor over the phone about your health concerns. Your cost is the same as for an online virtual visit.

³ Doctors cannot prescribe medications in all states.

Referrals for laboratory services through Teladoc

During a virtual visit with a Teladoc provider, he or she can order laboratory services as clinically appropriate, based on your medical issue and symptoms. You can choose to get the services at either a Quest Diagnostics™ or LabCorp lab.

Here is what to expect:

- If your Teladoc provider orders lab services, you will receive a message via the Teladoc message center after your virtual visit is complete. The message will contain a link to complete your lab order request. The link will be active for five days.
- You will be prompted to select a lab location, at which time the order will be submitted electronically to the lab.
- Go to the lab for the services; you will need to provide your insurance information.
- The results will be sent electronically from the lab to Teladoc and posted in your Teladoc medical record and member message center. Teladoc will notify you by email when the results are posted.
 - If the results are within a normal range, you will receive a message in the Teladoc message center.
 - If the lab results are outside of the normal range, a Teladoc clinician will contact you for next steps.

Important information about telemedicine/telehealth visits with your own doctor

Unlike the virtual visits described earlier, a telemedicine/telehealth visit with your own doctor (primary care physician [PCP] or specialist) in place of an in-person office visit for non-preventive, nonemergency care is covered just like an office visit under your medical plan option:

Medical plan option	Cost of nonemergency telemedicine/telehealth visit with your own doctor
Enhanced POS	In-Network: You pay: <ul style="list-style-type: none">• \$30 copayment/visit (PCP)• \$40 copayment/visit (specialist) Out-of-Network: Plan pays 60% after deductible is satisfied
Standard POS	In-Network: You pay: <ul style="list-style-type: none">• \$35 copayment/visit (PCP)• \$60 copayment/visit (specialist) Out-of-Network: Plan pays 50% after deductible is satisfied
Traditional Indemnity	Plan pays 80% after deductible is satisfied

Behavioral healthcare

When you are feeling stressed or anxious, it may be hard to reach out for help, especially if you do not want anyone to know that you are hurting. Virtual therapy offers confidential, one-on-one video counseling for conditions such as anxiety, depression, ADD/ADHD, addiction and mental health disorders from the privacy of your home.

You can see the same therapist with each appointment and establish an ongoing relationship. Your therapist can provide diagnosis, treatment and medication if needed.

If you are enrolled in a POS medical plan option, your cost for a virtual visit is the same as any in-network, outpatient behavioral health visit: you pay a \$30 copayment per visit under the Enhanced POS option or a \$35 copayment per visit under the Standard POS option. If you are enrolled in the Traditional Indemnity option, a virtual visit is covered like any outpatient behavioral health visit: the plan pays 80 percent after the deductible.

You will pay your portion of the service via credit or debit card (including your HFSA debit card, if applicable) or via direct bill, according to the terms of your medical plan option and your payment arrangement with your provider.

To find a therapist and schedule a visit, log on to **myuhc.com**. Select “Find a Doctor,” “Behavioral Health Directory,” “People,” “Provider Type,” and then “Telemental Health Providers.” Call the provider of your choice to set up an appointment. [Learn more](#).

Rally®

You have 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. It is available at no additional cost to you. You can access Rally at www.myuhc.com from your smartphone, tablet or computer anytime.

Live nurse assistance⁴

Illness or injury can happen anytime, not just during your doctor’s regular office hours. **If your situation is life- or limb-threatening, call 911 or go to the nearest emergency room (ER) immediately.** But if your situation is less serious, remember that assistance from an experienced registered nurse is a toll-free call away — 24 hours a day, seven days a week.

Nurses can answer your questions about an illness, injury or medication; help you manage a chronic condition; provide information about a variety of healthcare topics; and more. Both English- and Spanish-speaking registered nurses are available.

To reach a nurse, call the number on the back of your UnitedHealthcare member ID card and select the prompt to connect with a nurse. You can also participate in an online live nurse chat. Just log on to www.myuhc.com from any device with an Internet connection.

Not a UnitedHealthcare member? Check your medical plan member ID card to see if your HMO offers a similar telephone or online nurse resource.

⁴This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor’s care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

Real Appeal®

Real Appeal is an online weight loss and healthy lifestyle program based on the science of what really works to help people lose weight and keep it off. It is available to you and your family members age 18 and older.

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

- **52 weeks of access to a Transformation Coach.** Your coach guides you through the program and develops a simple, customized plan that fits your needs, preferences and goals.
- **24/7 access** to digital tools and dashboards that help you track your food, activity and weight.
- **A success kit** full of healthy weight management tools, including workout DVDs, recipes, food and bathroom scales, and more.
- **Support** from weekly online group classes to learn healthy ideas from your coach and other members who share what has helped them achieve success.

Real Appeal is a fun and engaging program that helps you learn simple steps for a healthier life so you can spark your transformation. To learn more or get started, visit enroll.realappeal.com.

UnitedHealthcare® mobile app

Think of the UnitedHealthcare app as your go-to healthcare resource for whenever you are on the go. The UnitedHealthcare app makes it easy for you to access your healthcare information, anytime and anywhere, from your mobile device.

The UnitedHealthcare app gives you tools to help you find care, manage your health plan details, and stay on top of costs. You can:

- Find network care options for doctors, clinics and hospitals in your area
- Talk to a doctor by video 24/7
- See reviews and ratings for doctors
- Generate and share digital health plan member ID cards
- View claims and account balances
- Estimate the costs of common procedures
- View your copay, coinsurance, annual deductible and/or out-of-pocket expenses

To download the UnitedHealthcare app, visit the App Store or Google Play.

myHealthcare Cost Estimator

You may be surprised to learn that different doctors, labs and hospitals can charge **different** rates for the **same** medical services — even when they are all in-network. The myHealthcare Cost Estimator gives you the information you need to make the best decisions for your health **and** your wallet.

The myHealthcare Cost Estimator can help you:

- Preview and compare your costs for a procedure or treatment at different providers and facilities
- Choose the treatment option that is best for you
- Plan your care
- Budget for your medical expenses

You can access the myHealthcare Cost Estimator from www.myuhc.com or the UnitedHealthcare app. (To log on to www.myuhc.com, you will first need to register.)

Once you have accessed the myHealthcare Cost Estimator, just search for the condition (for example, back pain) or treatment (for example, physical therapy) for which you want a cost estimate. The myHealthcare Cost Estimator will show you doctors and locations that offer those services in your area. You can also learn about your treatment options, compare estimated costs, see quality and cost-efficiency ratings and map the location of the provider or facility. The cost estimator will even give you a personalized estimate of your out-of-pocket costs, based on your option's applicable deductible, coinsurance and/or out-of-pocket maximum.

Need a helping hand? Count on the Employee Assistance Program (EAP)

When faced with life's challenges — whether big or small — the Nokia EAP can help. Provided through Magellan Health Services, 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 such as elder care.

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.

Be sure to check out MagellanAscend.com, your EAP member website, for helpful tools, calculators, assessments, access to monthly newsletters and webinars, and health and wellness information. (The first time you visit, you will need to create a user/sign-in profile.)

MagellanAscend.com also offers a mobile app resources page. You will find a range of wellness-focused mobile apps to help you cope with everyday issues, including anxiety, stress, diabetes, autism, sleep, depression and more.

If you have questions and would like to speak with an EAP representative, call 1-800-327-7348 or visit MagellanAscend.com.

Manage your dental benefits with the MetLife US app

Need to find an in-network provider? Want to check the status of a claim? You can — right from your smartphone — using the free MetLife US app.

The app is available 24/7. Just follow these three easy steps:

Step 1: If you haven't already, register at www.metlife.com/mybenefits (sign in using the company code "US-Nokia") from any computer. **Important:** You cannot register from your phone. (Already registered? Start with Step 2 and download the app directly!)

Step 2: Search for "MetLife US app" on the App Store or Google Play to download the app.

Step 3: Use your MyBenefits log-on information to access the app features.

Find out how you can save on your dental costs

As a reminder, both the Enhanced and Standard Dental Options have a difference in benefit levels based on whether you use an in-network provider (general dentist or a specialist) versus an out-of-network provider. **To receive the in-network level of benefits, you are required to use an in-network provider.**

You can use any dental provider you choose. However, your out-of-pocket costs will be less if you use MetLife Preferred Dentist Program (PDP) Plus network providers because:

- PDP Plus network providers offer lower negotiated fees (usually 30 percent to 45 percent less than the average charges in the same community⁵), and
- Both dental options offer more generous coverage for PDP Plus network providers.

In contrast, if you use an out-of-network provider, your out-of-pocket costs will be based on reasonable and customary (R&C) charges, and your coverage will be lower.

Lower fees can help you cut your final costs and stretch your annual maximums. This can be especially important when you need specialty care like implants, root canals and crowns. The cost of these services can really add up. That is why it is good to know the network is there to help you manage your out-of-pocket costs.

You can view your potential savings on in-network vs. out-of-network fees by using the Dental Procedure Fee Tool⁶ located on www.metlife.com/mybenefits. (To sign in, use the company/group name "US-Nokia" and follow the on-screen prompts.)

Take a look at the example on the following page, which shows you how you can save by going to an in-network specialist.

⁵ Based on internal analysis by MetLife. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services rendered by them, subject to any copayments, deductibles, cost-sharing and benefits maximums. Negotiated fees are subject to change.

⁶ The Dental Procedure Fee Tool is provided by VerifPoint, an independent vendor. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

Example for a specialty service — crown

(Note: This is an example for illustration purposes only and may not reflect the actual charges in your area.)

	In-network	Out-of-network
Specialist charge ⁷	\$1,300.00	
MetLife negotiated fee	\$698.00	Not applicable
MetLife pays ⁸ (In-network is based on 80 percent coinsurance amount under the Enhanced Dental option for this type of service; out-of-network is based on 70 percent coinsurance)	\$558.40	\$910.00
Your out-of-pocket cost⁸	\$139.60	\$390.00
Approximate savings by visiting a participating dentist: \$250.40.⁹		
The savings is the difference between the in-network out-of-pocket cost and the out-of-network out-of-pocket cost.		

The table above is a typical example of how in-network savings work. It shows that you usually save more when you stay in the network. So the next time you need dental care, find out what your plan covers and what you could save by going to a participating general dentist or specialist.

To check your coverage or find a general dentist or specialist, log on to www.metlife.com/mybenefits or call 1-888-262-4876. You can also ask your dentist to recommend a network specialist in your community.

Best of all, participating dentists and specialists have undergone a careful selection process.¹⁰ You will never need a referral. So you get convenient access to quality care and support for better savings.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife for complete details.

⁷ Approximate costs provided by VerifPoint, Inc., an industry source independent of MetLife.

⁸ This example reflects an in-network coinsurance amount of 80 percent and an out-of-network coinsurance amount of 70 percent for major services under the Enhanced option.

⁹ The potential savings is based on the average charges. Actual savings will vary depending on the out-of-network dentist's actual charge for the service.

¹⁰ Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, rather than MetLife's. If you should have any questions, contact MetLife Customer Service.

Save on taxes with the Commuter Benefits Program

Do you pay to park your car or take public transportation to get to and from work? Then consider enrolling in the commuter benefits program offered through WageWorks. You can use pre-tax earnings to pay for public transit — including train, subway, bus, ferry and eligible vanpool — and qualified parking as part of your daily commute.

You decide how much you want to contribute to your WageWorks commuter benefits account each month, up to the IRS limit. Your contributions are automatically deducted from your paycheck on a pre-tax basis (up to the IRS limit) and deposited into your WageWorks account. If you elect a monthly contribution that is higher than the pre-tax limit, the difference will be deducted from your paycheck on an after-tax basis, subject to program limits.







You can enroll in the program or suspend or cancel your contributions at any time. As long as you submit any changes by the 10th of the month, they will be effective on the first of the following month.

Questions?

- **For an overview of the program**, visit www.benefitanswersplus.com/active_m/other_resources.html. Select “Other Benefits” from the primary tiles and then the “Commuter Benefits” tile.
- **For detailed information about the program or to enroll**, visit www.wageworks.com anytime or call WageWorks at 1-877-WageWorks (1-877-924-3967). Representatives are available Monday through Friday, from 8:00 a.m. to 8:00 p.m., ET.

There's an app for that!

Need benefits information on the go? With these free apps, you can manage your Nokia health and welfare benefits from your smartphone or tablet, anytime and anywhere.

Name of app	What you can do with it	Where to find it
UnitedHealthcare 	Find in-network medical providers, estimate costs, view and manage claims, access your ID card and connect with customer service representatives.	Search for "UnitedHealthcare" on the App Store and Google Play
UnitedHealthcare Rally 	Get personalized support and information to help you and your covered family members make healthier choices and build healthier habits.	Search for "Rally" on the App Store and Google Play
CVS Caremark 	Refill mail service prescriptions, get drug and pricing information, find a network pharmacy, track order status, view prescription history, and access your prescription plan member ID card.	Search for "CVS Caremark" on the App Store and Google Play
MetLife 	Find in-network dentists, check the status of a claim and view an ID card.	Search for "MetLife US app" on the App Store and Google Play
Smart-Choice Mobile 	See your HFSA and/or DFSA balance(s), upload documentation, submit claims and more.	Search for "Smart-Choice Mobile app" on the App Store and Google Play
WageWorks EZ Receipts 	Manage your commuter benefits account, including checking your balance and viewing and submitting claims.	Search for "EZ Receipts" on the App Store and Google Play

Take a fresh look at your savings plan

Are you contributing to the Nokia Savings/401(k) Plan?

If you are not contributing, now might be a good time to consider enrolling or restarting your contributions.

If you are contributing, you already understand the value of making contributions to a savings account. But when is the last time you took a close look at **your** account?

Unfortunately, many participants choose their savings plan contribution rate and investments when they first join the plan and never look back. But your situation may change over time, so it is important to review your contributions and investments on a regular basis to ensure that they are still in line with your retirement and other long-term savings goals.


Now is a good time to check — or check back — in with your savings plan. Take a fresh look at your savings and investment strategy and see if you want (or need) to make any adjustments.

- **For general information and to access important savings plan documents**, visit the BenefitAnswers Plus website at http://benefitanswersplus.com/active_m/index.html. Select “Retirement Savings & Pension” in the primary tiles.
- **For personalized information and to manage your savings plan account**, log on to the YBR website at <https://digital.alight.com/nokia>. Select “Savings/401(k) & Pension” in the primary tiles. Then follow the prompts to enroll, access online account statements, see your transaction history, make changes to your contribution rate, investments and/or beneficiaries, perform other account transactions, find fund information, use retirement planning and modeling tools and more. You can also call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).

Keep your life insurance and/or savings plan beneficiaries up to date

It is important to keep your Nokia life insurance and/or Nokia Savings/401(k) Plan beneficiary information up to date. This will help your loved ones avoid delays in receiving your Nokia benefits in the event of your death. You can change your beneficiary information at any time.

To designate or change your beneficiary designations and contact information for:

- **Life insurance** — Complete and submit the form(s) available on the BenefitAnswers Plus website at http://www.benefitanswersplus.com/active_m/index.html. Select “Forms” in the primary tiles and then select “Life Insurance Beneficiary Forms.” Or, call MetLife at 1-888-201-4612 (Basic Life, Basic AD&D and Supplemental Accidental Loss) or 1-800-523-2894 (Group Universal Life).
- **Savings plan** — Log on to the YBR website at <https://digital.alight.com/nokia> to access your savings plan account. Select the profile icon  at the top right of the page and then select “Beneficiaries.” Or, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).

Coming your way: Tax form 1095

As required by the Affordable Care Act (ACA; healthcare reform), employers must provide IRS Form 1095-C to certain (but not all) plan participants each year. The form serves as proof that you met the ACA's requirement for having qualifying healthcare coverage during the year. If this applies to you, you should expect to receive your 2021 Form 1095-C in late January/early February 2022.

Form 1095 indicates the months of the year that you (and your dependents, if applicable) were offered or were enrolled in medical coverage during 2021. You may need Form 1095 or the information it includes in order to file your federal tax return for 2021. Nokia cannot offer tax advice, so you might consider consulting a tax advisor for further guidance on Form 1095. **(Please note:** Form 1095 will not replace any state forms you may receive that provide proof of medical insurance.)

Please note: For the 2021 tax year, California (CA), the District of Columbia (DC), New Jersey (NJ) and Rhode Island (RI) require copies of the federal 1095 tax forms (used to report healthcare coverage) for employees who are residents during the tax year. Nokia has partnered with Alight to ensure compliance with these healthcare tax filing requirements, and 1095 data will be provided to CA, DC, NJ and RI as required.

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.

Your Benefits Resources, Alight Smart-Choice Accounts and Alight Smart-Choice Card are trademarks of Alight Solutions LLC.