

# Get More From Your 2019 Nokia Benefits



## Important Information About Using Your Benefits in 2019

For Participants in the Active Represented Plan Design

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# Enrolled in the Point of Service (POS) Option?

## Prior Authorization Required for Certain Services

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

### What Is Prior Authorization?

Prior authorization determines whether or not a healthcare service is:

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

### When Is Prior Authorization Required?

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

### How to Obtain Prior Authorization

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

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

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

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

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

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

However, keep in mind that:

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

## For More Information

For a list of services requiring prior authorization, log on to [www.myuhc.com](http://www.myuhc.com), select "Benefits & Coverage" and then "Coverage Documents."

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

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

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

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

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

# Read This Now If You Are Enrolled in a Flexible Spending Account (FSA)

Starting January 1, 2019, an enhanced FSA participant experience — Smart-Choice Accounts — is coming your way.

With your new Smart-Choice Accounts, you will see:

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

As the transition to your new Smart-Choice Accounts approaches, here is some important information to keep in mind if you are enrolled in a Health Care Flexible Spending Account (HFSA) and/or Dependent Care Flexible Spending Account (DFSA) for 2018 and/or 2019.

## Upcoming FSA Deadlines

Keep track of these key dates for your 2018 and/or 2019 FSA(s):

Key Dates	What You Need to Know/What You Need to Do
<b>DECEMBER 30, 2018</b>	<ul style="list-style-type: none"> <li>▪ <b>If you re-enrolled or are newly enrolled in an HFSA for 2019:</b> <ul style="list-style-type: none"> <li>– Date by which you will have received your new Smart-Choice debit card in the mail. (If you have not yet received your new card, call the Nokia Benefits Resource Center at 1-888-232-4111 and select “spending accounts” from the menu. Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time [ET], Monday through Friday.)</li> <li>– You can use this card to pay for healthcare expenses as described in the rows entitled “January 1, 2019” and “January 14, 2019” below.</li> </ul> </li> </ul>
<b>DECEMBER 31, 2018</b>	<ul style="list-style-type: none"> <li>▪ Last day to incur dependent care expenses that can be reimbursed from your 2018 DFSA.</li> <li>▪ Last day to use your current Your Spending Account™ (YSA) debit card to pay for eligible 2018 healthcare expenses. Your card will no longer work after this date<sup>1</sup>, and you can safely destroy and dispose of it.</li> <li>▪ Last day to submit claims for reimbursement of eligible 2018 healthcare and/or dependent care expenses to <b>YSA</b> online, through the Reimburse Me app or by fax or mail. The Reimburse Me app will no longer be available after this date.               <ul style="list-style-type: none"> <li>– You will still be able to submit claims for eligible healthcare expenses incurred during the 2018 HFSA “grace period” (January 1, 2019, through March 15, 2019) to Smart-Choice as described in the row entitled “January 14, 2019” on the next page.</li> </ul> </li> </ul>

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Key Dates	What You Need to Know/What You Need to Do
JANUARY 1, 2019	<ul style="list-style-type: none"> <li>▪ The new Plan Year begins.</li> <li>▪ The Smart-Choice Transition Period begins. <ul style="list-style-type: none"> <li>▪ The new Smart-Choice website, mobile app and debit card are available to use for eligible <b>2019</b> expenses only. (Note that the debit card can only be used for eligible healthcare expenses.) You can download the Smart-Choice Mobile app from your mobile device's app store.</li> </ul> </li> <li>▪ <b>If you have a balance in your 2018 HFSA:</b> The 2018 HFSA "grace period" (January 1, 2019, through March 15, 2019) begins. <b>However, you cannot submit claims for eligible healthcare expenses incurred during 2018 or the grace period toward your 2018 balance until the Smart-Choice Transition Period ends on January 14, 2019.</b> See the row entitled "January 14, 2019" below for more information.</li> <li>▪ <b>If you do not have a balance in your 2018 HFSA or if you are newly enrolled in an HFSA for 2019:</b> Start using your 2019 Smart-Choice HFSA to be reimbursed for eligible healthcare expenses. You can use your Smart-Choice debit card or submit claims to Smart-Choice online, through the app or by fax or mail.</li> <li>▪ <b>If you have (re-)enrolled in a DFSA for 2019:</b> 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 debit card to pay for DFSA expenses.</li> </ul>
JANUARY 14, 2019	<ul style="list-style-type: none"> <li>▪ The Smart-Choice Transition Period ends.</li> <li>▪ <b>If you have a balance in your 2018 HFSA:</b> You can now submit claims to Smart-Choice for eligible healthcare expenses toward your <b>2018</b> balance. <ul style="list-style-type: none"> <li>– <b>If you re-enrolled in an HFSA for 2019:</b> For eligible expenses incurred in <b>2018</b>, submit claims to Smart-Choice online, through the app or by fax or mail. For eligible expenses incurred in <b>2019</b>, you also have the option to use your Smart-Choice debit card. <ul style="list-style-type: none"> <li>• <b>If you submit claims to Smart-Choice:</b> Smart-Choice will automatically draw from your 2018 balance before using your 2019 account to pay for eligible expenses you incur during the grace period.</li> <li>• <b>If you use your Smart-Choice debit card:</b> <ul style="list-style-type: none"> <li>◆ Expenses incurred during the grace period that are auto-substantiated will automatically be applied to your balance for the <b>prior</b> Plan Year (if available).</li> <li>◆ Expenses incurred during the grace period that are <b>not</b> auto-substantiated will be applied to your balance for the <b>current</b> Plan Year. However, if Smart-Choice receives appropriate documentation before the April 15, 2019, claims submission deadline, the claim will be applied to your <b>prior</b> Plan Year balance (if available).</li> </ul> </li> </ul> </li> <li>– <b>If you did not re-enroll in an HFSA for 2019:</b> For eligible expenses</li> </ul> </li> </ul>

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Key Dates	What You Need to Know/What You Need to Do
	<p>incurred during <b>2018 and/or the grace period</b>, submit claims to Smart-Choice online, through the app or by fax or mail. For eligible expenses incurred <b>during the grace period</b>, you also have the option to use your Smart-Choice debit card. See the row entitled “January 28, 2019” below for information on using your Smart-Choice debit card.</p>
<b>JANUARY 28, 2019</b>	<ul style="list-style-type: none"> <li>▪ <b>If you did not re-enroll in an HFSA for 2019 and have a balance remaining in your 2018 HFSA:</b> <ul style="list-style-type: none"> <li>– Date by which you will receive your new Smart-Choice debit card in the mail. (If you do not receive your new card by that date, call the Nokia Benefits Resource Center at 1-888-232-4111 and select “spending accounts” from the menu. Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time [ET], Monday through Friday.)</li> <li>– Once you receive your card, you may use it to pay for eligible healthcare expenses incurred during the grace period through March 15, 2019, or until you exhaust your 2018 account balance, whichever is earlier. (You may also continue to submit claims to Smart-Choice online, through the app or by fax or mail.)</li> </ul> </li> </ul>
<b>MARCH 15, 2019</b>	<ul style="list-style-type: none"> <li>▪ 2018 HFSA grace period ends. This is the last day to incur eligible healthcare expenses that can be reimbursed from your 2018 HFSA.</li> </ul>
<b>APRIL 15, 2019</b>	<ul style="list-style-type: none"> <li>▪ 2018 FSA claims submission deadline. All your 2018 HFSA and/or DFSA claims must be submitted to Smart-Choice by this date. <ul style="list-style-type: none"> <li>– <b>Important!</b> Do not wait until the last minute to submit your final 2018 claims to Smart-Choice. <b>It may take up to 10 days for a claim to be processed</b>, so be sure to submit your claim far enough in advance of the April 15 deadline to ensure there is sufficient time to resolve any issues that may affect your claim.</li> <li>– After April 15, 2019, no additional documentation will be accepted for incomplete or invalid 2018 claims. This means that: <ul style="list-style-type: none"> <li>• If you submit a claim on April 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.</li> <li>• However, if you submit a claim on April 15 and all documentation is complete and valid, your claim will be processed and you will be reimbursed.</li> </ul> </li> </ul> </li> </ul>

<sup>1</sup> If you have a balance in your 2018 HFSA and did not re-enroll in an HFSA for 2019, you will need to pay out-of-pocket for any eligible purchases you make during the Smart-Choice Transition Period and request reimbursement from Smart-Choice after the transition period ends. Remember to save your receipts!

## Other Important Reminders

Here are some additional important reminders about your HFSA and/or DFSA.

### Manage Your FSA(s) From Anywhere

Remember, 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.

### Over-the-Counter Prescription Requirement for HFSA Expenses

To be reimbursed for an over-the-counter (OTC) drug purchase from your HFSA, you must provide a written prescription from your doctor and an itemized receipt. The prescription must include the following: date, dosage, patient's name, provider's signature and address, and specific name of the prescribed item.

OTC prescriptions are valid as follows:

- **Prescriptions for a single fill** are valid for the lesser of 12 months or the end of the Plan Year (which includes the 2½-month grace period for submitting eligible healthcare expenses).
- **Prescriptions that include refills** are valid for a maximum of 12 months from the date on the prescription.

### 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.<sup>2</sup>

<sup>2</sup> 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.

## For More Information

Questions about your FSA(s)? Starting January 1, 2019, contact Smart-Choice via a link on the Your Benefits Resources™ (YBR) website at <http://resources.hewitt.com/nokia>. You can also call the Nokia Benefits Resource Center at 1-888-232-4111. Representatives are available from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.

## What You Need to Know About Your Member ID Cards

Have you re-enrolled, or have you enrolled in medical (which includes prescription drug) and/or dental coverage for the first time? Here is what you need to know about your health plan member ID cards:

### Medical: Point of Service (POS) and Traditional Indemnity Members

- **Re-enrolled in medical coverage?** Continue to use your current member ID cards from UnitedHealthcare® (medical services) and Express Scripts (prescription drugs) in 2019. You will not receive new member ID cards.
- **Enrolled in medical coverage for the first time?** You will receive new member ID cards from UnitedHealthcare (medical services) and Express Scripts (prescription drugs) early in 2019.
- **If you have not received your new member ID cards by the first time you need to use them in 2019, or if you have misplaced your cards and need new ones,** you may print them out from the applicable carrier's website or call the applicable carrier for assistance (see below). You will need to sign in or register in order to access the websites.
  - **Medical (UnitedHealthcare)**
    - Online: [www.myuhc.com](http://www.myuhc.com) (Note that if you have re-enrolled in coverage for 2019, you may be prompted to set up a new username and password when you try to access the website.)
    - Phone: 1-800-577-8539 (if you are enrolled in the POS option) or 1-800-577-8567 (if you are enrolled in the Traditional Indemnity option)

#### – Prescription drug (Express Scripts)

- Online: Register on [www.express-scripts.com](http://www.express-scripts.com) using your Social Security number (SSN) and print out a temporary member ID card
- Mobile: Access the Express Scripts app (available on the App Store and Google Play), which provides a virtual ID card that can be used at retail pharmacies; use the same user ID and password you use for [www.express-scripts.com](http://www.express-scripts.com)
- Phone (member): Call 1-800-336-5934 (available 24/7) and provide your SSN to the representative, who can then give you your member ID number
- Phone (retail pharmacy): Ask the staff to call Express Scripts' Pharmacy Services Help desk to obtain your member ID number

Starting in early 2019, your healthcare provider or pharmacy should be able to confirm your coverage directly with UnitedHealthcare (medical) or Express Scripts (prescription drug).

## Medical: Health Maintenance Organization (HMO) Members

If you have re-enrolled, or you have enrolled 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 member ID card (if you are currently enrolled) and in the 2018 Benefits At-a-Glance and Resource Contact Information booklet on the BenefitAnswers Plus website at [www.benefitanswersplus.com](http://www.benefitanswersplus.com).

Starting in January, your healthcare provider or pharmacy should be able to confirm your medical and prescription drug coverage directly with your HMO.

## Dental

Aetna does not issue dental plan member ID cards; you do not need to present an ID card to receive services under the plan. However, if you would like to have a member ID card, you can print one out from [www.aetna.com](http://www.aetna.com).

## 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](http://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.

## 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

When you do not feel well or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Good news! You don't have to. As part of your UnitedHealthcare medical benefits, you have an alternative for nonemergency care: virtual visits.

A virtual visit lets you see and talk to a doctor from your smartphone, tablet or computer without an appointment, for the same copayment you would pay for an office visit. Most visits take about 10 – 15 minutes. Doctors can write a prescription<sup>3</sup>, if needed, that you can pick up at your local pharmacy.

Log on to **myuhc.com**<sup>®</sup> and choose from provider sites where you can register for a virtual visit. Register and request a visit. 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.

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

<sup>3</sup> Doctors cannot prescribe medications in all states.

**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 has developed a handy chart to help guide you to the right choice for your situation. To access the chart, go to [www.benefitanswersplus.com/active\\_r/other\\_resources.html](http://www.benefitanswersplus.com/active_r/other_resources.html) and scroll down to select "Where to Get Care."

## 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 support you on your health journey.

Rally offers personalized recommendations to help you and your covered family members make healthier choices and build healthier habits, one small step at a time. It is available at no additional cost to you. You can access Rally at [www.myuhc.com](http://www.myuhc.com) from your smartphone, tablet or computer anytime.

## OptumHealth™ NurseLine

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

The NurseLine's experienced registered 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 the NurseLine, call 1-866-444-3011. You can also participate in an online Live Nurse Chat. Just log on to [www.myuhc.com](http://www.myuhc.com) from any device with an Internet connection.

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

This 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.

## Health4Me™ Mobile App

Think of the UnitedHealthcare Health4Me app as your go-to healthcare resource for whenever you are on the go. The Health4Me app makes it easy for you to access your healthcare information, anytime and anywhere, from your Apple® or Android™ mobile device.

Health4Me gives you tools to help you estimate costs, manage claims and find providers. You can:

- View and share health plan ID cards via email or fax
- Check account balances and benefit amounts
- Collect, track and share past and current Personal Health Records
- View and manage claims
- Pay providers for out-of-pocket expenses
- Estimate costs of common procedures and conditions up front
- Find nearby providers, hospitals and quick care facilities
- Connect with helpful professionals 24/7

To download Health4Me, 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](http://www.myuhc.com) or the Health4Me app. (To log on to [www.myuhc.com](http://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.

## Make Managing Your Mail Order Prescriptions Even Easier: Sign Up for Text Message Notifications

When you call Express Scripts member services about the status of a mail order prescription purchase or shipment, or to update your communication preferences, you have the option to receive text message notifications to confirm the receipt of an order by Express Scripts and shipping information.

During your call, you will be asked if you would like to receive text messages regarding your prescriptions. If you reply “Yes,” the Patient Care Advocate will provide all legal disclaimers and send you a confirmation text message. You must confirm by replying YES via text message. Once confirmed, you will receive text messages instead of automated phone calls or emails. If you reply “No,” or if you do not offer a reply, you will not receive the confirmation text and you will continue to receive notifications as you do today.

Express Scripts plans to introduce additional text notifications in the future.

## 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.

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.

# Introducing MagellanAscend.com: Our New, Enhanced EAP Member Website

Nokia's EAP is pleased to announce its new member website, **MagellanAscend.com**.

**MagellanAscend.com** will make it easier for you to access the EAP's broad range of programs, services, tools and resources.

The newly designed website features a user-friendly browsing experience that allows you to quickly see what is available to you and your household members at no cost, plus easy access to monthly newsletters and webinars, links to download suggested mobile apps and What's Trending articles.

Although you can still access the EAP by using the former link ([www.magellanhealth.com/member](http://www.magellanhealth.com/member)) for the time being, you should start using the [MagellanAscend.com](http://MagellanAscend.com) address now. **Note:** Users will be required to create a new user sign-in/profile for the new site.

## Use EAP Tools and Mobile Apps to Support Your Well-Being

Be sure to check out the EAP website at [MagellanAscend.com](http://MagellanAscend.com) for helpful EAP tools, calculators, assessments and health and wellness information. The EAP website 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.

## Check Out Clickotine, Magellan's New Smoking Cessation App

Clickotine is an innovative program that uses clinically-driven app technology to help you create and stick to a quit plan and overcome nicotine cravings. Based on clinical trials and data, Clickotine has a high success rate. Key features include:

- **Personalized messaging:** Receive personal messages that keep you on track toward your quit goal.
- **Controlled breathing:** Monitor and control your breathing — an effective way to reduce nicotine withdrawal symptoms.
- **Real-time social support:** Post comments and share encouragement with others trying to quit.
- **Replacement distractions:** Get help diverting cravings to healthier actions.
- **Money saved:** Track how much money you have saved since your quit date — a powerful motivator for quitting.

## For More Information

If you have questions and would like to speak with an EAP representative, call 1-800-327-7348 or visit [MagellanAscend.com](http://MagellanAscend.com).

# Manage Your Dental Benefits With the New Aetna Health<sup>SM</sup> App

Need to find an in-network provider? Want to check a claim or see your member ID card? You can — right from your smartphone — using the new, free Aetna Health app.

The new Aetna Health app will replace the current Aetna Mobile app starting January 1, 2019. Please continue to use the Aetna Mobile app through December 31, 2018.

The new Aetna Health app will be available 24/7 and work with most smartphones and tablets. You can download the new Aetna Health app now, but you will not have access to the information on the app until January 1.

To get started, just follow these three easy steps:

**Step 1:** Search for “Aetna Health” on the App Store or Google Play to download the app.

**Step 2:** Register directly on the Aetna Health app or at [www.aetna.com](http://www.aetna.com) from any computer. (Once you have registered, you can skip to Step 3 and simply log on to use the Aetna Health app.)

**Step 3:** Use your secure member website log-on information to access the app features.

## 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\\_r/other\\_resources.html](http://www.benefitanswersplus.com/active_r/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](http://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 Health4Me 	Find in-network medical providers, estimate costs, view and manage claims, access your ID card and connect with customer service representatives.	Search for "Health4Me" 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
Express Scripts Express Rx 	Order prescription drug refills, get drug and pricing information, find a network pharmacy, track mail-order status and access your prescription drug ID card.	Search for "Express Scripts" on the App Store and Google Play
<b>Coming January 1, 2019</b> Aetna Health 	Find in-network dentists, check the status of a claim and view an ID card.  <b>Note:</b> Continue to use the current Aetna Mobile app through December 31, 2018. You can download the new Aetna Health app now, but you will not have access to the information on the app until January 1, 2019.	Search for "Aetna Health" on the App Store and Google Play
Magellan Provider Search 	Find EAP providers in your area.	Search for "My Provider Locator" on the App Store (not available on 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
<b>Coming soon!</b> Smart-Choice Mobile app	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



# 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\\_r/index.html](http://benefitanswersplus.com/active_r/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 <http://resources.hewitt.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.

## 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 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\\_r/index.html](http://www.benefitanswersplus.com/active_r/index.html). Select “Forms” in the primary tiles and then select “Insurance Forms.” Or, contact MetLife at 1-888-201-4612.
- **Savings Plan** — Log on to the YBR website at <http://resources.hewitt.com/nokia> to access your Savings Plan account. Select “Your Profile” in the primary tiles and then select “Beneficiaries.” Or, call the Nokia Benefits Resource Center at 1-888-232-4111.

# 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 2018 Form 1095-C no later than January 31, 2019.

Form 1095 indicates the months of the year that you (and your dependents, if applicable) were offered or were enrolled in medical coverage during 2018. You may need Form 1095 or the information it includes in order to file your federal tax return for 2018. 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.)

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, subject to the terms of applicable bargaining agreements. 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.

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