

2017
BENEFITS
ENROLLMENT

***BENEFITS AT-A-GLANCE
and Resource Contact Information 2017***

For Participants in the Active Represented Plan Design

Includes Active Employees; Employees on a Leave of Absence (LOA) or Short Term Disability (STD); and COBRA Participants

NOTE: You may not be eligible for all of the benefit plan options shown in the following tables.

To determine your coverage options and monthly contributions during the annual open enrollment period...

- Visit the Your Benefits Resources™ (YBR) website at <http://resources.hewitt.com/nokia>; or
- Call the Nokia Benefits Resource Center at 1-888-232-4111. Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

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BENEFITS AT-A-GLANCE

The tables that follow summarize some features of the 2017 Nokia medical and dental plan options applicable to eligible individuals covered under the Active Represented plan design. Use them:

- | | |
|---|---|
| <ul style="list-style-type: none">▪ During the annual open enrollment period — To compare plan options and coverage amounts before making your enrollment decisions. | <ul style="list-style-type: none">▪ All year — Whenever you need information about your plan option or to determine whether a particular service or supply is covered. |
|---|---|

How Do These Tables Work?

Check and confirm:

1. Which specific options apply to you

You may not be eligible for all of the benefit plan options shown in these tables. To confirm the coverage for which you (and your dependent[s]) are eligible, you can:

- Visit the YBR website at <http://resources.hewitt.com/nokia>; or
- Call the Nokia Benefits Resource Center at 1-888-232-4111.

2. What's covered

For your quick reference, these tables show coverage amounts. Note that for a service or supply to be covered, it must be:

- Medically necessary for the treatment of an illness or injury, or for preventive care benefits that are specifically stated as covered;
- Provided under the order or direction of a physician;
- Provided by a licensed and accredited healthcare provider practicing within the scope of his or her license in the state where the license applies;
- Listed as a covered service and satisfy all the required conditions of services of the applicable options; and
- Not specifically listed as excluded.

In some cases, there may be additional required criteria and conditions. Services and supplies meeting these criteria will be covered up to the allowable amount or the negotiated rate, if applicable.

Need Information About a Health Maintenance Organization (HMO)?

Due to the number of HMO options offered, HMO coverage information is not shown in these tables. Medical and prescription drug coverage levels and costs vary by individual HMO option.

To review and print specific details for the coverage options available to you, visit the YBR website at <http://resources.hewitt.com/nokia> or call the Nokia Benefits Resource Center at 1-888-232-4111, during the annual open enrollment period.

You can also contact the HMO you are considering. You can find carrier contact information on page 11 of this guide. Or, if you are currently enrolled in an HMO, check the back of your HMO ID card.

Medical

Please note: For the services shown in the table below and on the following pages, where coverage is expressed as a percentage, it is a percentage of the provider's contracted rate (for in-network Point of Service [POS] services) or of the reasonable and customary (R&C) fee (for Traditional Indemnity and out-of-network POS services).

Feature	Point of Service (POS)		Traditional Indemnity
	In-Network	Out-of-Network	
Choice of Doctors	Select from within a network of medical providers	Select any medical provider	Select from within a network of Preferred Provider Organization (PPO) providers or any medical provider
Annual Deductible	None	Individual: \$775 Two-person: \$1,550 Family: \$2,325	Individual: \$375 Two-person: \$750 Family: \$1,125
Annual Out-of-Pocket Maximum	Individual: \$1,600 Two-person: \$3,200 Family: \$4,800	Individual: \$4,450 Two-person: \$8,900 Family: \$13,350 (Excludes deductible)	Individual: \$1,900 Two-person: \$3,800 Family: \$5,700 (Excludes deductible)
Lifetime Maximum Benefit	Unlimited (some exclusions apply)		
COPAYMENT/COINSURANCE FOR COVERED SERVICES			
Acupuncture	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Ambulance — Emergency Air Ambulance	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Ambulance — Emergency Use of Ambulance	Plan pays 95%	Plan pays 95% (deductible does not apply)	Plan pays 80% after deductible is satisfied
Ambulance from Hospital to Hospital (if admitted to first hospital)	Plan pays 95%	Plan pays 95% (deductible does not apply)	Plan pays 95% after deductible is satisfied
Anesthesia	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Birth Control (prescription birth control or medication only)	See “Coverage Through the Express Scripts Prescription Drug Program” on page 6.		
Birthing Center	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Blood and Blood Derivatives	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Cardiac Rehabilitation (phase three maintenance not covered)	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Chemotherapy	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Chiropractic	You pay \$35 copayment/visit; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 75% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year

REMEMBER

You may not be eligible for all of the coverage options shown in this table. For HMO information, contact the HMO. Carrier contact information is on page 11.

Feature	Point of Service (POS)		Traditional Indemnity
	In-Network	Out-of-Network	
Durable Medical Equipment	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Emergency Room — Emergency Use	You pay \$75 copayment/visit (waived if admitted)	You pay \$75 copayment/visit (waived if admitted)	Plan pays 95% after deductible is satisfied
Emergency Room — Nonemergency Use	Plan pays 75% after you pay \$75 copayment/visit	Plan pays 75% after you pay \$75 copayment/visit	Plan pays 80% after deductible is satisfied
Extended Care Facility (or Skilled Nursing Facility)	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to 60 days/year	Plan pays 95% after deductible is satisfied; limited to 120 days/year
Home Healthcare	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to 100 visits/year	Plan pays 95% after deductible is satisfied; limited to 200 visits/year
Hospice Care	Plan pays 95%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 75% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 95% after deductible is satisfied; limited to 210 days/lifetime
Inpatient Hospitalization/ Surgery	Plan pays 95% after you pay \$125 copayment/admission	Plan pays 75% after deductible is satisfied and you pay \$375 copayment/admission	Plan pays 95% after deductible is satisfied
Maternity	Office visits (pre- /postnatal): Plan pays 95% after you pay \$35 copayment for first visit In-hospital delivery services: Plan pays 95% after you pay \$125 copayment/admission	Office visits (pre-/postnatal): Plan pays 75% after deductible is satisfied In-hospital delivery services: Plan pays 75% after deductible is satisfied and you pay \$375 copayment/admission	After deductible is satisfied, Plan pays 95% for most inpatient and outpatient services and 80% for physician office visits
Mental Health and Chemical Dependency	Inpatient: Plan pays 95% after you pay \$125 copayment/admission Outpatient: You pay \$35 copayment/visit Alternative Treatment (partial hospitalization, residential treatment and services of a halfway house or group home): Plan pays 95% after you pay \$125 copayment/admission	Inpatient: Plan pays 75% after deductible is satisfied and you pay \$375 copayment/admission Outpatient: Plan pays 75% after deductible is satisfied Alternative Treatment (partial hospitalization, residential treatment and services of a halfway house or group home): Plan pays 75% after deductible is satisfied and you pay \$375 copayment/admission	Inpatient: Plan pays 95% after deductible is satisfied Outpatient: Plan pays 80% after deductible is satisfied Alternative Treatment (partial hospitalization, residential treatment and services of a halfway house or group home): Plan pays 95% after deductible is satisfied
Nutritionist	You pay \$35 copayment/visit	Not covered	Not covered
Outpatient Lab/X-ray	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Physician Hospital Visits and Consultations	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Physician Office and Virtual Visits (non-preventive)	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Podiatrist	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Private Duty Nursing	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to 100 shifts/year	Plan pays 95% after deductible is satisfied; limited to 200 shifts/year
Radiation Therapy	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied

REMEMBER

You may not be eligible for all of the coverage options shown in this table. For HMO information, contact the HMO. Carrier contact information is on page 11.

	Point of Service (POS)		
Feature	In-Network	Out-of-Network	Traditional Indemnity
Rehabilitation Therapy (outpatient physical, occupational, speech)	You pay \$35 copayment per office visit; otherwise, Plan pays 95%	Plan pays 75% after deductible is satisfied; speech therapy limited to 30 visits/year	Plan pays 80% after deductible is satisfied; speech therapy limited to 30 visits/year
Second Surgical Opinion	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Smoking Deterrents (prescription only)	See “Coverage Through the Express Scripts Prescription Drug Program” on page 6.		
Surgery — In-Office	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Surgery — Outpatient	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Wigs	Plan pays up to \$300/Plan Year		
PREVENTIVE CARE			
Routine Physical Exams	You pay \$35 copayment/visit	Not covered	Not covered
Well-Child Care (including immunizations)	You pay \$35 copayment/visit	Not covered	Not covered
Well-Woman Care (ob-gyn exam)	You pay \$35 copayment/visit	Not covered	Not covered
Mammogram Screening (in doctor’s office)	You pay \$35 copayment/visit; included with doctor’s visit	Plan pays 75% after deductible is satisfied	After deductible is satisfied, Plan pays 80% if preventive or 95% if diagnostic
Pap Smear (in doctor’s office)	You pay \$35 copayment/visit; included with doctor’s visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Digital Rectal Exam and Blood Test for PSA (in doctor’s office — prostate cancer screening for men age 50 and older)	You pay \$35 copayment/visit; included with doctor’s visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Newborn In-Hospital Care	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to one visit	Plan pays 95% (deductible does not apply); limited to one visit

REMEMBER

You may not be eligible for all of the coverage options shown in this table. For HMO information, contact the HMO. Carrier contact information is on page 11.

When You Need a Helping Hand, Count on the Employee Assistance Program (EAP)

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

The EAP offers you and your immediate family 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.

To speak with a counselor, call Magellan at 1-800-327-7348 or visit www.magellanhealth.com/member.

Feature	Point of Service (POS)		Traditional Indemnity
	In-Network	Out-of-Network	
OTHER IMPORTANT INFORMATION ABOUT YOUR MEDICAL COVERAGE			
Are You Responsible for Charges in Excess of the Allowable Amount?	No	Yes	Yes
Who Is Responsible for Precertification?	Your primary care physician (PCP)	You	You
What Is the Penalty for Failure to Precertify Care?	Not applicable	20% reduction in benefits, up to \$400 maximum/occurrence	20% reduction in benefits, up to \$400 maximum/occurrence
Do You Have to File Claim Forms?	No	Yes	Yes
COVERAGE THROUGH THE EXPRESS SCRIPTS PRESCRIPTION DRUG PROGRAM*			
Prescription Drug Annual Deductible*	Retail and mail order: None	Individual: \$125 Two-person: \$250 Family: \$375	In-network (retail and mail order): None Out-of-network: Individual: \$125 Two-person: \$250 Family: \$375
Prescription Drug Annual Out-of-Pocket Maximum*	Retail and mail order: \$1,600/individual	None	In-network (retail and mail order): \$1,600/individual Out-of-network: None
Retail Copayments** (up to a 30-day supply using an in-network pharmacy)	<ul style="list-style-type: none">Level One (Generic): \$10Level Two (Formulary Brand): \$30Level Three (Nonformulary Brand): \$50	Plan pays 70% after deductible is satisfied	In-network: <ul style="list-style-type: none">Level One (Generic): \$10Level Two (Formulary Brand): \$30Level Three (Nonformulary Brand): \$50 Out-of-network: Plan pays 70% after deductible is satisfied
Mail-Order Copayments (up to a 90-day supply)	<ul style="list-style-type: none">Level One (Generic): \$20***Level Two (Formulary Brand): \$60Level Three (Nonformulary Brand): \$100	Not applicable	<ul style="list-style-type: none">Level One (Generic): \$20***Level Two (Formulary Brand): \$60Level Three (Nonformulary Brand): \$100
Member Pays the Difference	You will pay the generic copayment, plus the difference in cost between the brand-name and generic drug, if you purchase a brand-name drug when a generic equivalent is available		

* 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. "Member Pays the Difference" program charges do not count toward prescription drug annual out-of-pocket maximums.

** Prescription drug copayments will double after the third time you receive a maintenance medication at a retail pharmacy; for cost savings, use mail order.

*** You may be eligible for up to a 90-day supply of a generic drug for \$10 or less. To find out if your medication qualifies, visit www.express-scripts.com/lowcostgenerics or call 1-800-336-5934.

REMEMBER

You may not be eligible for all of the coverage options shown in this table. For HMO information, contact the HMO. Carrier contact information is on page 11.

Dental

Please note: For the services shown in the table below, where coverage is expressed as a percentage, it is a percentage of the reasonable and customary (R&C) fee (for Traditional option services) or of the dentist-eligible charges (for Dental Maintenance Organization [DMO] option services).

Feature	Traditional Option	Dental Maintenance Organization (DMO) Option (Participating Providers)*
Deductible	Lifetime deductible of \$50/individual	Generally not applicable
Diagnostic and Preventive Care (for example: exams, cleanings and routine X-rays)	Plan pays 100%	Plan pays 100%
Minor Restorative Services (for example: fillings)	Based on a geographic schedule	Plan pays 100%
Major Restorative Services (for example: crowns)	Based on a geographic schedule	Plan pays 75%
Orthodontia	Based on a geographic schedule up to lifetime maximum of \$1,500/individual	Plan pays 50%; in general, lifetime maximum does not apply
Annual Maximum Benefit	\$1,500/individual	Generally not applicable

*If you visit a non-participating dentist after you enroll in the DMO option, your benefit will generally be lower since it will be limited to a specific dollar amount.

Important Information Regarding the DMO Option

How to Enroll

Even if you are currently enrolled in the DMO option, it will not appear as a coverage option on the YBR website during the annual open enrollment period. To enroll in the DMO option, you must first enroll in the Aetna Traditional option (if you are eligible) and then switch to the Aetna DMO option during the year. The DMO option is available in a limited area. You can only enroll in this option if it is available where you live.

For more information about the DMO option (including availability in your area) or to switch to the DMO option, contact Aetna directly at 1-800-220-5479.

Questions?

For questions about dental coverage or if you are looking for a provider in the DMO network, please contact Aetna:

- www.aetna.com
- Traditional option: 1-800-220-5470
- DMO option: 1-800-220-5479

REMEMBER

You may not be eligible for all of the coverage options shown in this table.

RESOURCE CONTACT INFORMATION

For information about your benefits coverage, contact these resources.

Where	What You Will Find
NOKIA RESOURCES	
http://resources.hewitt.com/nokia 24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., Eastern Time (ET)	The Your Benefits Resources (YBR) website <ul style="list-style-type: none"> View your current coverage Review and compare your 2017 healthcare options and contribution costs Enroll in coverage for 2017 Make changes to your default coverage for 2017 Opt out of your 2017 coverage Find a doctor or healthcare provider Learn more about your Nokia benefits Review dependent eligibility rules Review, add or change your dependent's(s') information on file Understand how a Life Event may change your benefits
1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) Monday through Friday, from 9:00 a.m. to 5:00 p.m., ET	Nokia Benefits Resource Center <ul style="list-style-type: none"> If you do not have Internet access: <ul style="list-style-type: none"> Enroll in coverage for 2017 Make changes to your default coverage for 2017 Opt out of your 2017 coverage Review dependent eligibility rules Review, add or change your dependent's(s') information on file Resolve a unique benefits issue that you have not been able to solve on your own Notify Nokia if you or your eligible dependent(s) will become Medicare-eligible due to a disability
www.benefitanswersplus.com	The Nokia BenefitAnswers Plus website <ul style="list-style-type: none"> 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 during the year
UNITEDHEALTHCARE®	
www.myuhc.com POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567	General information about your coverage and dedicated Customer Care (Member Services) <ul style="list-style-type: none"> Understand how your UnitedHealthcare medical coverage works Find network physicians, specialists and facilities in your community Compare average treatment costs and hospitals in your area for medical procedures you may be considering Manage your healthcare choices and costs through a Plan Comparison Calculator Access claims information Speak with an experienced customer care representative who understands your plan and can answer questions quickly

REMEMBER

You may not be eligible for all of the coverage options shown in this table.

Where	What You Will Find
www.myuhc.com 1-866-444-3011 (24 hours a day, seven days a week)	UnitedHealthcare OptumHealthSM Nurseline and Live Nurse Chat <ul style="list-style-type: none"> ▪ Speak with a registered nurse at any time ▪ Get information about health and welfare topics ▪ Participate in a live online Nurse Chat ▪ Both English- and Spanish-speaking registered nurses are available
www.myoptumhealthcomplexmedical.com 1-866-936-6002 (7:00 a.m. to 7:00 p.m., Central Time [CT], Monday through Friday, excluding holidays)	UnitedHealthcare Cancer Resource Services (CRS) <ul style="list-style-type: none"> ▪ Get information regarding a cancer diagnosis and treatment ▪ Find cancer centers or physicians
www.healthy-pregnancy.com 1-800-411-7984	Healthy Pregnancy Program <ul style="list-style-type: none"> ▪ 24-hour access to experienced maternity nurses ▪ Education and support for women through all stages of pregnancy and delivery
www.myoptumhealthcomplexmedical.com (click on the "Congenital Heart Disease" link or call the phone number on the back of your medical ID card)	Congenital Heart Disease Program (CHD) <ul style="list-style-type: none"> ▪ Clinical consultants can provide information to assist parents, family members, case managers and physicians in making decisions about congenital heart disease
www.myoptumhealthcomplexmedical.com (click on the "Transplantation" link or call the phone number on the back of your medical ID card)	Transplant Resource Services <ul style="list-style-type: none"> ▪ Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants
www.liveandworkwell.com POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567	UnitedHealthcare Behavioral Health <ul style="list-style-type: none"> ▪ Understand how your mental health and chemical dependency coverage works ▪ Access claims information
EXPRESS SCRIPTS PRESCRIPTION DRUG COVERAGE (does not apply to HMO coverage)	
www.express-scripts.com 1-800-336-5934	Express Scripts <ul style="list-style-type: none"> ▪ Understand how your prescription drug coverage works ▪ Prescription drug coverage and pricing information, including comparisons for brand-name and generic medications received through mail order and retail ▪ Access claims information ▪ Find an in-network pharmacy ▪ Order medications from the Express Scripts Pharmacy for savings opportunities
www.express-scripts.com/choices 1-800-336-5934	Express Scripts My Rx Choices <ul style="list-style-type: none"> ▪ Find lower-cost options for the medications you currently take on an ongoing basis
www.express-scripts.com/lowcostgenerics 1-800-336-5934	Express Scripts Low-Cost Generics <ul style="list-style-type: none"> ▪ Determine if your medications are eligible for an additional discount through mail order
MAGELLAN	
www.magellanhealth.com/member 1-800-327-7348	Magellan EAP <ul style="list-style-type: none"> ▪ Get free, confidential 24/7 assistance for medical and behavioral health issues

REMEMBER

You may not be eligible for all of the coverage options shown in this table.

AETNA DENTAL	
www.aetna.com Traditional Option: 1-800-220-5470 DMO Option: 1-800-220-5479	Aetna Dental <ul style="list-style-type: none"> Understand how your dental coverage works Find network dentists Access claims information
YOUR SPENDING ACCOUNT™	
Available through the YBR website at http://resources.hewitt.com/nokia 1-888-232-4111; 9:00 a.m. to 5:00 p.m., ET, Monday through Friday	Your Spending Account (Health Care and/or Dependent Care Flexible Spending Accounts) <ul style="list-style-type: none"> Obtain your account balance Learn about what qualifies as an eligible expense Submit claims Check the status of your claims Access FSastore.com to buy eligible healthcare items
METLIFE	
1-888-201-4612	MetLife Life Insurance <ul style="list-style-type: none"> Understand how your life insurance coverage works Request conversion Request or update beneficiary forms
1-800-984-8651	MetLife Long-Term Care Insurance (LTCI) <ul style="list-style-type: none"> Understand how your LTCI coverage works Note: Plan closed to new entrants
OTHER RESOURCES (Union Contact)	
1-800-296-3993 Email: A.Wambach@nokia.com	CWA Employee Resource/Managed Care Program Coordinator — Andy Wambach <ul style="list-style-type: none"> Not a representative of the Nokia medical plan Assists current and former union members
HMO (see carrier contact information on next page)	
Contact information is also available: <ul style="list-style-type: none"> On the back of your ID card, if you are currently enrolled in an HMO; By visiting the YBR website at http://resources.hewitt.com/nokia; or By calling the Nokia Benefits Resource Center at 1-888-232-4111. 	Your HMO Carrier <ul style="list-style-type: none"> Understand how your HMO coverage works Access claims information

Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)

If you are a participant in the Nokia Medical Expense Plan for Occupational Employees and/or the Nokia Dental Expense Plan for Active Employees (collectively, the “Plans”), your personal health information is private. HIPAA requires the Plans to inform you of the availability of a notice about the Plans’ privacy practices, legal duties and your rights concerning your health information received and/or created by the Plans. You can print a copy of the Plans’ Notice of Privacy Practices for your records at any time from the BenefitAnswers Plus website at www.benefitanswersplus.com. You may also request a copy by calling 1-908-582-4727.

REMEMBER	You may not be eligible for all of the coverage options shown in this table.
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HMOs

HMO Option	Phone Number	Website
Aetna Pennsylvania	1-800-323-9930	www.aetna.com
Blue Advantage of Illinois Blue Cross/Blue Shield of Illinois	1-800-892-2803	www.bcbsil.com
HIP Health Plan of New York	<ul style="list-style-type: none"> Members: 1-800-447-8255 Prospective members: 1-800-447-8632 	www.emblemhealth.com
Horizon Blue Cross/Blue Shield of New Jersey	1-800-355-2583	www.horizonblue.com
Kaiser Mid-Atlantic	<ul style="list-style-type: none"> Washington, D.C.: 1-301-468-6000 Outside the Washington, D.C. metro area: 1-800-777-7902 TDD: 1-301-879-6380 	http://my.kp.org/nokia
Kaiser Northwest	<ul style="list-style-type: none"> Portland, OR area only: 1-503-813-2000 1-800-813-2000 elsewhere 	
Kaiser of Northern California Kaiser of Southern California	1-800-464-4000	
Kaiser Permanente of Colorado	<ul style="list-style-type: none"> 1-800-632-9700 Southern Colorado: 1-888-681-7878 	
Kaiser Permanente of Georgia	<ul style="list-style-type: none"> 1-888-865-5813 Local: 1-404-261-2590 	
Kaiser Permanente of Hawaii	<ul style="list-style-type: none"> Oahu: 1-808-432-5955 Other islands: 1-800-966-5955 	
Keystone Health Plan Central	<ul style="list-style-type: none"> 1-800-962-2242 TDD: 1-800-669-7075 	www.capbluecross.com
UnitedHealthcare Choice of Arizona	1-866-633-2446	www.myuhc.com
UnitedHealthcare of California	1-800-624-8822	www.uhcwest.com
UnitedHealthcare of Oklahoma	1-800-825-9355	

This communication is intended to highlight some of the benefits provided to eligible participants under the Nokia benefit 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 Alcatel-Lucent USA Inc. (doing business as Nokia) (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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