

2017 BENEFITS ENROLLMENT

BENEFITS AT-A-GLANCE and Resource Contact Information 2017

This guide applies to the following:

- Legacy Alcatel-Lucent Participants in the Active Management Plan Design. Includes Active Employees; Participants on a Leave of Absence (LOA) or Short Term Disability (STD); COBRA Participants; and Survivors in the Family Security Program (FSP).
- Legacy Nokia Participants. Includes Active Employees; Participants on a Leave of Absence (LOA) or Short Term Disability (STD); and COBRA Participants of Nokia Networks US SON LLC and Nokia Solutions and Networks US LLC Only.

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 Management 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.
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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 16 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 Enhanced and Standard Point of Service [POS] services) or of the reasonable and customary (R&C) fee (for Traditional Indemnity and out-of-network Enhanced and Standard POS services).

	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
Feature	In-Network	Out-of-Network	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 medical providers	Select any medical provider	Select from within a network of Preferred Provider Organization (PPO) providers or any medical provider
Annual Deductible	Not applicable	Individual: \$650 Two-person: \$1,300 Family: \$1,950	Not applicable	Not applicable	Individual: \$300 Two-person: \$600 Family: \$900
Annual Out-of-Pocket Maximum	Individual: \$1,600 Two-person: \$3,200 Family: \$4,800	Individual: \$4,000 Two-person: \$8,000 Family: \$12,000 (Excludes deductible)	Individual: \$4,000 Family: \$8,000	\$7,500/individual	Individual: \$1,800 Two-person: \$3,600 Family: \$5,400 (Excludes deductible)
Lifetime Maximum Benefit	Unlimited (some exclusions apply)				
Annual Maximum Benefit	Not applicable				
COPAYMENT/COINSURANCE FOR COVERED SERVICES					
Acupuncture	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 30 visits/year	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Ambulance — Emergency Air Ambulance	Plan pays 90%	Plan pays 90%	Plan pays 80%	Plan pays 80%	Plan pays 80% after deductible is satisfied
Ambulance — Emergency Use of Ambulance	Plan pays 90%	Plan pays 90%	Plan pays 80%	Plan pays 80%	Plan pays 80% after deductible is satisfied
Ambulance — from Hospital to Hospital (if admitted to first hospital)	Plan pays 90%	Plan pays 90%	Plan pays 80%	Plan pays 80%	Plan pays 80% 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 16.
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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Anesthesia	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Birth Control (prescription birth control or medication only)	See "Coverage Through the Express Scripts Prescription Drug Program" on page 9.				
Birthing Center	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80% after you pay \$500 copayment	Plan pays 60%	Plan pays 80% after deductible is satisfied
Blood and Blood Derivatives	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Cardiac Rehabilitation (phase three maintenance not covered)	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Chemotherapy	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Chiropractic	You pay \$30 copayment/visit; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 70% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80%; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 60%; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Durable Medical Equipment	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Emergency Room — Emergency Use	You pay \$65 copayment (waived if admitted)	You pay \$65 copayment (waived if admitted)	You pay \$125 copayment (waived if admitted)	You pay \$125 copayment (waived if admitted)	Plan pays 80% after deductible is satisfied
Emergency Room — Nonemergency Use	Plan pays 70% after you pay \$65 copayment	Plan pays 70% after you pay \$65 copayment	Plan pays 60%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Extended Care Facility (or Skilled Nursing Facility)	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 60 days/year	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied; limited to 120 days/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 16.
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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Hearing Aids	\$2,500 allowance every three years (in- and out-of-network combined)	\$2,500 allowance every three years (in- and out-of-network combined)	\$2,500 allowance every three years (in- and out-of-network combined)	\$2,500 allowance every three years (in- and out-of-network combined)	Not covered
Home Healthcare	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 100 visits/year	Plan pays 80%	Plan pays 60%; limited to 100 visits/year	Plan pays 80% after deductible is satisfied; limited to 200 visits/year
Hospice Care	Plan pays 90%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 70% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 80%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 60%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 210 days/lifetime
Inpatient Hospitalization	Plan pays 90%	Plan pays 70% after deductible is satisfied and you pay \$250 copayment/admission	Plan pays 80% after you pay \$650 copayment/admission	Plan pays 60% after you pay \$250 copayment/admission	Plan pays 80% after deductible is satisfied
Maternity ▪ Office visits: pre/postnatal ▪ In-hospital delivery services	Office visits: Plan pays 90% after you pay first office copayment In-hospital delivery services: Plan pays 90%	Plan pays 70% after deductible is satisfied and you pay \$250 copayment/admission	Office visits: Plan pays 80% after you pay first office copayment In-hospital delivery services: Plan pays 80% after you pay \$650 copayment/admission	Office visits: Plan pays 60% In-hospital delivery services: Plan pays 60% after you pay \$250 copayment/admission	Plan pays 80% after deductible is satisfied
Mental Health and Chemical Dependency	Inpatient: Plan pays 90% Outpatient: You pay \$30 copayment/visit	Inpatient: Plan pays 70% after deductible is satisfied and you pay \$250 copayment/admission Outpatient: Plan pays 70% after deductible is satisfied	Inpatient: Plan pays 80% after you pay \$650 copayment/admission Outpatient: You pay \$20 copayment/visit	Inpatient: Plan pays 60% after you pay \$250 copayment/admission Outpatient: Plan pays 60%	Inpatient and outpatient: Plan pays 80% after deductible is satisfied
Nutritionist	You pay \$30 copayment/visit	Not covered	You pay \$40 copayment/visit	Plan pays 60%	Not covered
Outpatient Lab/X-ray	Plan pays 90% (or you pay \$30 copayment when included as part of office visit)	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60% after you pay \$200 copayment	Plan pays 80% 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 16.

Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Physician Hospital Visits and Consultations	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Physician Office and Virtual Visits (non-preventive)	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied	Primary care physician (PCP): You pay \$20 copayment/visit Specialist: You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied
Podiatrist	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Private Duty Nursing	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 100 shifts/year	Plan pays 80%	Plan pays 60%; limited to 100 shifts/year	Plan pays 80% after deductible is satisfied; limited to 200 shifts/year
Radiation Therapy	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Rehabilitation Therapy	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise	You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise
Second Surgical Opinion	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied	You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied
Smoking Deterrents (prescription only)	See "Coverage Through the Express Scripts Prescription Drug Program" on page 9.				

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	Enhanced Point of Service (POS)		Standard POS		
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	Traditional Indemnity
Surgery — In-Office	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80% after you pay \$250 copayment	Plan pays 60%	Plan pays 80% after deductible is satisfied
Surgery — Inpatient	Plan pays 90%	Plan pays 70% after you pay \$250 copayment/ admission	Plan pays 80% after you pay \$650 copayment/ admission	Plan pays 60% after you pay \$250 copayment/ admission	Plan pays 80% after deductible is satisfied
Surgery — Outpatient	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80% after you pay \$300 copayment/ procedure	Plan pays 60%	Plan pays 80% after deductible is satisfied
Wigs	Plan pays up to \$300/year				
PREVENTIVE CARE					
Routine Physical Exams	Plan pays 100%	Plan pays 70% after deductible is satisfied	Plan pays 100%	Plan pays 60%	Plan pays 100%
Well-Child Care (including immunizations)	Plan pays 100%	Plan pays 70% after deductible is satisfied	Plan pays 100%	Plan pays 60%	Plan pays 100%
Well-Woman Care (ob-gyn exam)	Plan pays 100%	Plan pays 70% after deductible is satisfied	Plan pays 100%	Plan pays 60%	Plan pays 100%
Mammogram Screening (in doctor's office)	Plan pays 100%	Plan pays 70% after deductible is satisfied	Plan pays 100%	Plan pays 60%	Plan pays 100%
Pap Smear (in doctor's office)	Plan pays 100%	Plan pays 70% after deductible is satisfied	Plan pays 100%	Plan pays 60%	Plan pays 100%
Digital Rectal Exam and Blood Test for PSA (in doctor's office — prostate cancer screening for men age 50 and older)	Plan pays 100%	Plan pays 70% after deductible is satisfied	Plan pays 100%	Plan pays 60%	Plan pays 100%
Newborn In-Hospital Care	Plan pays 100%	Plan pays 70% after deductible is satisfied; limited to one visit	Plan pays 100%	Plan pays 60%	Plan pays 100%
Centers of Excellence	Yes				

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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	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	No	Yes	Yes
Who Is Responsible for Precertification?	Your primary care physician (PCP)	You	Your PCP	You	You
What Is the Penalty for Failure to Precertify Care?	Not applicable	20% reduction in benefits, up to \$400 maximum/ occurrence	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	No	Yes	Yes

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.

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 16.

	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	
COVERAGE THROUGH THE EXPRESS SCRIPTS PRESCRIPTION DRUG PROGRAM*					
Prescription Drug Out-of-Pocket Maximum	\$2,600/person	Not applicable	Not applicable		\$2,600/person
Retail** (up to a 30-day supply using an in-network pharmacy)	Generic: \$12 copayment Formulary Brand: \$50 copayment Nonformulary Brand: \$80 copayment	Plan pays 70% after you pay separate deductible: Individual: \$125 Two-person: \$250 Family: \$375	You pay \$10 copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket maximum of \$100/prescription	Plan pays 60% coinsurance for generic drugs and 50% coinsurance for brand-name drugs after you pay separate deductible: Individual: \$125 Two-person: \$250 Family: \$375	In-network: Generic: \$12 copayment Formulary Brand: \$50 copayment Nonformulary Brand: \$80 copayment Out-of-network: Plan pays 70% after you pay separate deductible: Individual: \$125 Two-person: \$250 Family: \$375
Mail Order (up to a 90-day supply)	Generic: \$30 copayment*** Formulary Brand: \$125 copayment Nonformulary Brand: \$200 copayment	Not applicable	You pay \$20 copayment for generic drugs*** and 50% coinsurance for brand-name drugs, with an out-of-pocket maximum of \$200/prescription	Not applicable	Generic: \$30 copayment*** Formulary Brand: \$125 copayment Nonformulary Brand: \$200 copayment
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 16.
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Dental

Feature	MetLife Enhanced Dental	MetLife Standard Dental
Network	Using MetLife Preferred Dentist Program (PDP) Plus network providers can help reduce your out-of-pocket costs because they offer lower negotiated fees. However, you are not required to use MetLife PDP Plus providers in order to receive the coverage levels described here. If you use an out-of-network provider, your out-of-pocket costs will be based on reasonable and customary (R&C) charges.	
Annual Deductible (Individual/Family)	\$0/\$0	\$50/\$100
Annual Maximum Benefit (per individual)	\$2,250	\$1,500
DIAGNOSTIC/PREVENTIVE CARE		
Oral Exam (two per year)	Plan pays 100%	Plan pays 100%; not subject to deductible
Cleaning and Scaling of Teeth	Plan pays 100%	Plan pays 100%; not subject to deductible
Space Maintainers for Dependent Children (up to, but not including, age 19)	Plan pays 100%	Plan pays 100%; not subject to deductible
Fluoride Treatment	Plan pays 100% (limited to four times per calendar year); no age limit	Plan pays 100% for children up to, but not including, age 19 (limited to twice per calendar year)
Complex X-Ray Services	Plan pays 100% (limited to once every three years)	Plan pays 100%; not subject to deductible (limited to once every 36 months)
Bitewing X-Ray (limited to once per year for adults; two times per year for children up to, but not including, age 19)	Plan pays 100%	Plan pays 100%; not subject to deductible
Sealants for Permanent Molars	Plan pays 100% for children up to, but not including, age 19; limited to once in 60 months	Plan pays 100% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible

(continued on next page)

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

Dental (continued)

Feature	MetLife Enhanced Dental	MetLife Standard Dental
RESTORATIVE SERVICES		
Extractions	Plan pays 80%	Plan pays 80% after deductible
Fillings (composite resin and amalgam)	Plan pays 80%	Plan pays 80% after deductible
Inlays/Onlays (limited to once every five years)	Plan pays 80%	Plan pays 80% after deductible
Crowns to Restore Tooth Structure (limited to once every five years)	Plan pays 80%	Plan pays 80% after deductible
Periodontal Scaling/Planing	Plan pays 80% (limited to once per quadrant every 24 months)	Plan pays 80% after deductible (limited to once per quadrant every 24 months)
Periodontal Surgery	Plan pays 80% (limited to once per unique area every 36 months)	Plan pays 50% (limited to once per unique area every 36 months)
Bridges (limited to once every five years)	Plan pays 80%	Plan pays 50% after deductible
Implants (limited to once every five years)	Plan pays 80%	Plan pays 50% after deductible
Root Canals	Plan pays 80%	Plan pays 50% after deductible
Dentures (limited to once every five years)	Plan pays 80%	Plan pays 50% after deductible
Removal of Wisdom Teeth	Plan pays 80%	Plan pays 80% after deductible; not subject to calendar-year maximum
Oral Surgery	Plan pays 80%	Plan pays 80% after deductible; not subject to calendar-year maximum
Orthodontia	Plan pays 50% up to lifetime maximum of \$2,000/individual	Plan pays 50% up to lifetime maximum of \$1,500/individual

Note:

This section includes a high-level summary of common procedures covered by these options and does not list all covered services. Additional frequency limits, requirements and exclusions may apply.

For more information about your dental coverage, contact MetLife at www.metlife.com/mybenefits, or call 1-888-262-4876.

REMEMBER

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

How You Can Save on Your Dental Costs

When you visit a general dentist or a specialist who is in the network, your out-of-pocket costs are usually lower. That is because participating dentists have agreed to accept negotiated fees that are usually 15 percent to 45 percent less than the average charges in the same community.¹ Lower fees can help you cut your final costs and stretch your annual maximums.

In particular, the cost of specialty care like implants, root canals and crowns 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 Tool² located on www.metlife.com/mybenefits. Take a look at the example below, which shows you how people can save by going to an in-network specialist.

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	\$1,300.00	
MetLife negotiated fee	\$698.00	NA
MetLife pays ³ (based on 80 percent coinsurance amount for this type of service)	\$558.40	\$1,040.00
Your out-of-pocket cost⁴	\$139.60	\$260.00
Approximate savings by visiting a participating dentist: \$120.40.⁴ The savings is the difference between in-network and out-of-pocket cost minus out-of-network and 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.⁵ You will never need a referral. So you get convenient access to quality care and support for better savings.

¹ Based on internal analysis by MetLife, negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for services rendered by them, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

² 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.

³ This example reflects an in-network coinsurance amount of 80 percent and an out-of-network coinsurance amount of 80 percent for major services.

⁴ The potential savings is based on the average charges shown for illustration purposes only. Actual savings for services rendered by an out-of-network dentist will vary depending on the dentist's actual charge for the service.

⁵ 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.

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 or your Plan Administrator for complete details.

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 Enhanced and Standard 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

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 Enhanced and Standard 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

Where	What You Will Find
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
METLIFE	
www.metlife.com/mybenefits 1-888-262-4876 Company/Group Name: US-Nokia	MetLife Dental <ul style="list-style-type: none"> Understand how your dental coverage works Find network dentists Access claims information
1-800-523-2894 MetLife GUL Department P.O. Box 14402 Lexington, KY 40512-4402	MetLife Group Universal Life (GUL) Insurance <ul style="list-style-type: none"> Get answers to all questions related to the GUL products Request portability Request or update beneficiary forms
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
YOUR SPENDING ACCOUNT™ (FLEXIBLE SPENDING ACCOUNTS)	
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
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 Management 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.

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 	
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. 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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