



# Benefits at-a-glance and resource contact information 2022

**For eligible employees under the US active management plan design\***

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

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**NOKIA**

**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 <https://digital.alight.com/nokia>; or
- Call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711). Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

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# Overview

The tables that follow summarize some features of the 2022 Nokia medical and dental plan options applicable to eligible individuals covered under the US active management plan design. Use them:

- **During the annual open enrollment period** — to compare plan options and coverage details before making your enrollment decisions.
- **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 <https://digital.alight.com/nokia>; or
- Call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).

### 2. What's covered

For your quick reference, these tables show coverage details. 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 <https://digital.alight.com/nokia> or call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) during the annual open enrollment period.

You can also contact the HMO you are considering. You can find carrier contact information on page 17 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 medical 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 services. When medical services are received from a non-network provider, eligible expenses are an amount negotiated by UnitedHealthcare®, a specific amount required by law (when required by law) or an amount UnitedHealthcare has determined is typically accepted by a healthcare provider for the same or similar service.

Feature	Enhanced POS		Standard POS		Traditional Indemnity
	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: \$1,000  Two-person: \$2,000  Family: \$3,000	Not applicable	Individual: \$1,500  Two-person: \$3,000  Family: \$4,500	Individual: \$500  Two-person: \$1,000  Family: \$1,500
Annual out-of-pocket maximum	Individual: \$3,000  Family: \$6,000	Individual: \$5,000 (excludes deductible)  Family: \$15,000 (excludes deductible)	Individual: \$4,000  Family: \$8,000	Individual: \$9,000 (excludes deductible)  Family: \$27,000 (excludes deductible)	Individual: \$3,000  Family: \$6,000
Lifetime maximum benefit	Unlimited for essential benefits. Generally, the following are considered to be essential benefits under the Patient Protection and Affordable Care Act: ambulatory patient services; emergency services, hospitalization; maternity and newborn care; mental health and substance-related and addictive disorders services (including behavioral health treatment); prescription drug products; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services (including oral and vision care).  For all other benefits: unlimited; some exclusions apply.				
Annual maximum benefit	Not applicable				
Copayment/coinsurance for covered services					
Acupuncture	Plan pays 85%	Plan pays 60% after deductible is satisfied; limited to 30 visits/year	Plan pays 75%	Plan pays 50% after deductible is satisfied; limited to 30 visits/year	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Ambulance services (air and ground) — emergency	Plan pays 85%	Plan pays 85%	Plan pays 75%	Plan pays 75%	Plan pays 80% after deductible is satisfied
Ambulance services (air and ground) — non-emergency	Plan pays 85%	Plan pays 85%	Plan pays 75%	Plan pays 75%	Plan pays 80% after deductible is satisfied
Anesthesia	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied

Feature	Enhanced POS		Standard POS		Traditional Indemnity
	In-network	Out-of-network	In-network	Out-of-network	
<b>Autism spectrum disorder services</b>	<b>Inpatient:</b> Plan pays 85%  <b>Outpatient:</b> You pay \$30 copayment/visit	<b>Inpatient:</b> Plan pays 60% after deductible is satisfied and you pay \$300 copayment/admission  <b>Outpatient:</b> Plan pays 60% after deductible is satisfied	<b>Inpatient:</b> Plan pays 75% after you pay \$500 copayment/admission  <b>Outpatient:</b> You pay \$35 copayment/visit	<b>Inpatient:</b> Plan pays 50% after deductible is satisfied and you pay \$700 copayment/admission  <b>Outpatient:</b> Plan pays 50% after deductible is satisfied	<b>Inpatient and outpatient:</b> Plan pays 80% after deductible is satisfied
<b>Birth control</b> (prescription birth control or medication only)	See "Coverage through the CVS Caremark prescription drug program" on page 10.				
<b>Birth center</b>	Plan pays 85%	Plan pays 60% after deductible is satisfied and you pay \$300 copayment/admission	Plan pays 75% after you pay \$300 copayment/admission	Plan pays 50% after deductible is satisfied and you pay \$500 copayment/admission	Plan pays 80% after deductible is satisfied
<b>Blood and blood derivatives</b>	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Cardiac rehabilitation</b> (phase three maintenance not covered)	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Chemotherapy</b>	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Chiropractic</b>	You pay \$40 copayment/visit; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 60% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	You pay \$60 copayment/visit; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 50% 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
<b>Colonoscopy — preventive and diagnostic</b>	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	Plan pays 100%
<b>Dental services — accident only</b>	Plan pays 100% after you pay \$30 PCP/\$40 specialist copayment/visit	Plan pays 60% after deductible is satisfied	Plan pays 100% after you pay \$35 PCP/\$60 specialist copayment/visit	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Diabetes self-management items</b>	<b>Equipment:</b> Plan pays 85%  <b>Supplies:</b> Provided under the prescription drug program	<b>Equipment:</b> Plan pays 60% after deductible is satisfied  <b>Supplies:</b> Provided under the prescription drug program	<b>Equipment:</b> Plan pays 75%  <b>Supplies:</b> Provided under the prescription drug program	<b>Equipment:</b> Plan pays 50% after deductible is satisfied  <b>Supplies:</b> Provided under the prescription drug program	<b>Equipment and supplies:</b> Plan pays 80% after deductible is satisfied
<b>Durable medical equipment</b>	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied

Feature	Enhanced POS		Standard POS		Traditional Indemnity
	In-network	Out-of-network	In-network	Out-of-network	
<b>Emergency room — emergency use</b>	You pay \$150 copayment (waived if admitted)	You pay \$150 copayment (waived if admitted)	You pay \$200 copayment (waived if admitted)	You pay \$200 copayment (waived if admitted)	Plan pays 80% after deductible is satisfied
<b>Emergency room — nonemergency use</b>	Plan pays 60% after you pay \$150 copayment	Plan pays 60% after you pay \$150 copayment	Plan pays 50% after you pay \$200 copayment	Plan pays 50% after you pay \$200 copayment	Plan pays 80% after deductible is satisfied
<b>Habilitative and rehabilitation services</b> (outpatient physical, occupational, speech)	You pay \$40 copayment/visit	Plan pays 60% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise	You pay \$60 copayment/visit	Plan pays 50% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise	Plan pays 80% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise
<b>Hearing aids</b>	\$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
<b>Home healthcare</b>	Plan pays 85%	Plan pays 60% after deductible is satisfied; limited to 100 visits/year	Plan pays 75%	Plan pays 50% after deductible is satisfied; limited to 100 visits/year	Plan pays 80% after deductible is satisfied; limited to 200 visits/year
<b>Hospice care</b>	Plan pays 85%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 60% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 75%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 50% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 210 days/lifetime
<b>Inpatient hospitalization</b>	Plan pays 85%	Plan pays 60% after deductible is satisfied and you pay \$300 copayment/admission	Plan pays 75% after you pay \$500 copayment/admission	Plan pays 50% after deductible is satisfied and you pay \$700 copayment/admission	Plan pays 80% after deductible is satisfied
<b>Maternity</b> (office visits [pre/postnatal], in-hospital delivery services)	<b>Office visits:</b> Plan pays 85% after you pay first office copayment <b>In-hospital delivery services:</b> Plan pays 85%	<b>Office visits:</b> Plan pays 60% after deductible is satisfied <b>In-hospital delivery services:</b> Plan pays 60% after deductible is satisfied and you pay \$300 copayment/admission	<b>Office visits:</b> Plan pays 75% after you pay first office copayment <b>In-hospital delivery services:</b> Plan pays 75% after you pay \$500 copayment/admission	<b>Office visits:</b> Plan pays 50% after deductible is satisfied <b>In-hospital delivery services:</b> Plan pays 50% after deductible is satisfied and you pay \$700 copayment/admission	Plan pays 80% after deductible is satisfied



Feature	Enhanced POS		Standard POS		Traditional Indemnity
	In-network	Out-of-network	In-network	Out-of-network	
<b>Mental health and chemical dependency</b>	<b>Inpatient:</b> Plan pays 85%  <b>Outpatient:</b> You pay \$30 copayment/visit	<b>Inpatient:</b> Plan pays 60% after deductible is satisfied and you pay \$300 copayment/admission  <b>Outpatient:</b> Plan pays 60% after deductible is satisfied	<b>Inpatient:</b> Plan pays 75% after you pay \$500 copayment/admission  <b>Outpatient:</b> You pay \$35 copayment/visit	<b>Inpatient:</b> Plan pays 50% after deductible is satisfied and you pay \$700 copayment/admission  <b>Outpatient:</b> Plan pays 50% after deductible is satisfied	<b>Inpatient and outpatient:</b> Plan pays 80% after deductible is satisfied
<b>Nutritional counseling</b>	You pay \$40 copayment/visit	Not covered	You pay \$60 copayment/visit	Not covered	Not covered
<b>Outpatient lab/X-ray</b>	Plan pays 85% (or you pay \$30 copayment when included as part of office visit)	Plan pays 60% after deductible is satisfied	Plan pays 75% (or you pay \$35 copayment when included as part of office visit)	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Physician hospital visits and consultations</b>	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Physician visits</b> (virtual visits, primary care physician [PCP] office visits, specialist office visits and urgent care center visits) (non-preventive)	<b>Virtual visit:</b> You pay \$10 copayment/visit  <b>PCP:</b> You pay \$30 copayment/visit  <b>Specialist:</b> You pay \$40 copayment/visit  <b>Urgent care center:</b> You pay \$75 copayment/visit	<b>Virtual visit:</b> Not covered  <b>PCP, specialist and urgent care center:</b> Plan pays 60% after deductible is satisfied	<b>Virtual visit:</b> You pay \$20 copayment/visit  <b>PCP:</b> You pay \$35 copayment/visit  <b>Specialist:</b> You pay \$60 copayment/visit  <b>Urgent care center:</b> You pay \$100 copayment/visit	<b>Virtual visit:</b> Not covered  <b>PCP, specialist and urgent care center:</b> Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Podiatrist</b>	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Private duty nursing</b>	Plan pays 85%	Plan pays 60% after deductible is satisfied; limited to 100 shifts/year	Plan pays 75%	Plan pays 50% after deductible is satisfied; limited to 100 shifts/year	Plan pays 80% after deductible is satisfied; limited to 200 shifts/year
<b>Prosthetic devices</b>	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Radiation therapy</b>	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Second surgical opinion</b>	You pay \$40 copayment/visit	Plan pays 60% after deductible is satisfied	You pay \$60 copayment/visit	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied

Feature	Enhanced POS		Standard POS		Traditional Indemnity
	In-network	Out-of-network	In-network	Out-of-network	
Skilled nursing facility	Plan pays 85%	Plan pays 60% after deductible is satisfied; limited to 60 days/year	Plan pays 75%	Plan pays 50% after deductible is satisfied; limited to 60 days/year	Plan pays 80% after deductible is satisfied; limited to 120 days/year
Smoking deterrents (prescription only)	See “Coverage through the CVS Caremark prescription drug program” on page 10.				
Surgery — in-office	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75% after you pay \$250 copayment	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Surgery — inpatient	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Surgery — outpatient	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75% after you pay \$300 copayment/ procedure	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Wigs	Plan pays up to \$300/year				
Preventive care					
Routine physical exams	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	Plan pays 100%
Well-child care (including immunizations)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	Plan pays 100%
Well-woman care (ob-gyn exam)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	Plan pays 100%
Mammogram screening	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	Plan pays 100%
Pap smear (in doctor’s office)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	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 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	Plan pays 100%
Newborn in-hospital care	Plan pays 100%	Plan pays 60% after deductible is satisfied; limited to one visit	Plan pays 100%	Plan pays 50% after deductible is satisfied; limited to one visit	Plan pays 100%



Feature	Enhanced 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 prior authorization?	Your provider; check with your provider to ensure prior authorization is obtained	You	Your provider; check with your provider to ensure prior authorization is obtained	You	You
What is the penalty for failure to obtain prior authorization?	No benefits paid by plan	20% reduction in benefits, up to \$400 maximum/occurrence	No benefits paid by plan	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
Are Centers of Excellence available?	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 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.

To speak with a counselor, call Magellan at 1-800-327-7348 or visit [www.MagellanAscend.com](http://www.MagellanAscend.com).

Feature	Enhanced POS		Standard POS		Traditional indemnity
	In-network	Out-of-network	In-network	Out-of-network	
Coverage through the CVS Caremark prescription drug program <sup>1,2</sup>					
Prescription drug out-of-pocket maximum	Individual: \$3,500 Family: \$7,000	Not applicable	Individual: \$4,000 Family: \$8,000	Not applicable	In-network: Individual: \$3,500 Family: \$7,000 Out-of-network: not applicable
Retail <sup>3</sup> (up to a 30-day supply using an in-network pharmacy)	Generic: \$20 copayment Preferred brand: \$70 copayment Nonpreferred brand: \$100 copayment	Plan pays 60% after you pay separate deductible:  Individual: \$150 Two-person: \$300 Family: \$450	You pay \$20 copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket minimum of \$20 and maximum of \$120/prescription	Plan pays 50% for generic and brand-name drugs after you pay separate deductible:  Individual: \$200 Two-person: \$400 Family: \$600	In-network: Generic: \$20 copayment Preferred brand: \$70 copayment Nonpreferred brand: \$100 copayment Out-of-network: Plan pays 60% after you pay separate deductible: Individual: \$150 Two-person: \$300 Family: \$450
Mail order (up to a 90-day supply)	Generic: \$50 copayment Preferred brand: \$175 copayment Nonpreferred brand: \$250 copayment	Not applicable	You pay \$50 copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket minimum of \$50 and maximum of \$300/prescription	Not applicable	Generic: \$50 copayment Preferred brand: \$175 copayment Nonpreferred brand: \$250 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.				
Other important information about your medical and prescription drug coverage					
\$0 out-of-pocket cost for certain preventive medications	Certain preventive medications, including some over-the-counter (OTC) medications, are covered 100% without imposing a copayment, coinsurance or deductible as long as they are presented with a prescription from a licensed healthcare provider. The list of eligible medications is subject to change as Affordable Care Act guidelines are updated or modified.  Please note that eligible vaccines are covered under the medical plan, not the prescription drug program. You must present your medical, not prescription drug, member ID card when visiting a provider for these immunizations. For information about the covered vaccines, please call UnitedHealthcare at 1-800-577-8539 or visit <a href="http://www.myuhc.com">www.myuhc.com</a> .				

**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 17.**

<sup>1</sup> 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.

<sup>2</sup> Where prescription drug coverage is expressed as a percentage, it is a percentage of the plan's cost for the drug.

<sup>3</sup> Prescription drug copayments will double after the third time you receive a 30-day supply of a maintenance medication at a retail pharmacy; for cost savings, fill up to a 90-day supply through mail order or pick up at a CVS retail pharmacy.

# Dental

## 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](http://www.metlife.com/mybenefits) or call 1-888-262-4876.

Feature	MetLife Enhanced Dental		MetLife Standard Dental	
	In-network	Out-of-network	In-network	Out-of-network
<b>Network</b>	<p>You can use any dental provider you choose. However, your out-of-pocket costs will be less if you use MetLife Preferred Dentist Program (PDP) Plus network providers because:</p> <ul style="list-style-type: none"> <li>PDP Plus network providers offer lower negotiated fees, and</li> <li>Both dental options offer more generous coverage for PDP Plus network providers.</li> </ul> <p>If you use an out-of-network provider, your out-of-pocket costs will be based on reasonable and customary (R&amp;C) charges, and your coverage will be lower.</p>			
<b>Annual deductible</b> (applies to basic and major services only; in- and out-of-network combined) <sup>4</sup>	\$0	\$50 per individual; maximum of \$100 per family	\$50 per individual; maximum of \$100 per family	\$100 per individual; maximum of \$200 per family
<b>Annual maximum benefit</b> (per individual; in- and out-of-network combined) <sup>5</sup>	\$2,250	\$1,750	\$1,500	\$1,000
<b>Diagnostic/preventive care</b>				
<b>Oral exam</b> (two per year)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
<b>Cleaning and scaling of teeth</b> (two per year)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
<b>Space maintainers for dependent children</b> (up to, but not including, age 19)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
<b>Fluoride treatment</b>	Plan pays 100% (limited to four times per calendar year); no age limit	Plan pays 90%; not subject to deductible (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; not subject to deductible	Plan pays 90% for children up to, but not including, age 19; limited to twice per calendar year; not subject to deductible

<sup>4</sup> The in-network and out-of-network deductibles are shared. This means that when you receive a covered dental service that is subject to the deductible from an in-network **or** out-of-network provider, the amount you pay toward the deductible will count toward **both** the in-network **and** out-of-network deductible.

<sup>5</sup> The in-network and out-of-network annual maximums are shared. This means that the amount the plan pays for a covered in-network **or** out-of-network dental service will count toward **both** the maximum in-network **and** out-of-network benefit the plan will pay for all covered dental services for the plan year.

Feature	MetLife Enhanced Dental		MetLife Standard Dental	
	In-network	Out-of-network	In-network	Out-of-network
<b>Diagnostic/preventive care (continued)</b>				
<b>X-ray services — full-mouth and panoramic</b> (panorex)	Plan pays 100% (limited to once every 60 months)	Plan pays 90%; not subject to deductible (limited to once every 60 months)	Plan pays 100%; not subject to deductible (limited to once every 60 months)	Plan pays 90%; not subject to deductible (limited to once every 60 months)
<b>Bitewing X-ray</b> (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 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
<b>Sealants for permanent molars</b>	Plan pays 100% for children up to, but not including, age 19; limited to once in 60 months	Plan pays 90% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible	Plan pays 100% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible	Plan pays 90% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible
<b>Restorative services</b>				
<b>Anesthesia</b>	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
<b>Extractions — nonsurgical</b>	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Extractions — surgical</b>	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
<b>Fillings</b> (composite resin and amalgam)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Inlays/onlays</b> (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Crowns to restore tooth structure</b> (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
<b>Periodontal scaling/planing</b>	Plan pays 80% (limited to once per quadrant every 24 months)	Plan pays 70% after deductible (limited to once per quadrant every 24 months)	Plan pays 80% after deductible (limited to once per quadrant every 24 months)	Plan pays 70% after deductible (limited to once per quadrant every 24 months)
<b>Periodontal surgery</b>	Plan pays 80% (limited to once per unique area every 36 months)	Plan pays 70% after deductible (limited to once per unique area every 36 months)	Plan pays 50% after deductible (limited to once per unique area every 36 months)	Plan pays 40% after deductible (limited to once per unique area every 36 months)
<b>Bridges</b> (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
<b>Implants</b> (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible

Feature	MetLife Enhanced Dental		MetLife Standard Dental	
	In-network	Out-of-network	In-network	Out-of-network
<b>Restorative services (continued)</b>				
<b>Root canals</b>	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
<b>Dentures</b> (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
<b>Removal of wisdom teeth — nonsurgical</b>	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible; not subject to calendar-year maximum	Plan pays 70% after deductible; not subject to calendar-year maximum
<b>Removal of wisdom teeth — surgical</b>	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible; not subject to calendar-year maximum	Plan pays 40% after deductible; not subject to calendar-year maximum
<b>Oral surgery</b> (except for surgical extractions and surgical removal of wisdom teeth)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible; not subject to calendar-year maximum	Plan pays 70% after deductible; not subject to calendar-year maximum
<b>Orthodontia</b>	Plan pays 50% up to lifetime maximum of \$2,000/individual (in- and out-of-network combined)		Plan pays 50% up to lifetime maximum of \$1,500/individual (in- and out-of-network combined)	
<b>Bruxism</b> (appliance replacement)	Plan pays 80% (limited to once every 24 months)	Plan pays 70% after deductible (limited to once every 24 months)	Not covered	

**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
<b>Nokia resources</b>	
<a href="https://digital.alight.com/nokia">https://digital.alight.com/nokia</a> 24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., ET	<b>The Your Benefits Resources (YBR) website</b> <ul style="list-style-type: none"> <li>• View your current coverage</li> <li>• Review and compare your 2022 healthcare options and contribution costs</li> <li>• Enroll in coverage for 2022</li> <li>• Make changes to your default coverage for 2022</li> <li>• Opt out of your 2022 coverage</li> <li>• Find a doctor or healthcare provider</li> <li>• Learn more about your Nokia benefits</li> <li>• Review dependent eligibility rules</li> <li>• Review, add or change your dependent's(s') information on file</li> <li>• Understand how a Life Event may change your benefits</li> </ul>
1-888-232-4111 (TTY 711) (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) 9:00 a.m. to 5:00 p.m., ET, Monday through Friday	<b>Nokia Benefits Resource Center</b> <ul style="list-style-type: none"> <li>• <b>If you do not have Internet access:</b> <ul style="list-style-type: none"> <li>– Enroll in coverage for 2022</li> <li>– Make changes to your default coverage for 2022</li> <li>– Opt out of your 2022 coverage</li> <li>– Review dependent eligibility rules</li> <li>– Review, add or change your dependent's(s') information on file</li> </ul> </li> <li>• Resolve a unique benefits issue that you have not been able to solve on your own</li> <li>• Notify Nokia if you or your eligible dependent(s) will become Medicare-eligible due to a disability</li> </ul>
<a href="http://www.benefitanswersplus.com">www.benefitanswersplus.com</a>	<b>The Nokia BenefitAnswers Plus website</b> <ul style="list-style-type: none"> <li>• See benefits news and updates, including coverage tips and reminders</li> <li>• Get your enrollment materials</li> <li>• Find answers to your benefits questions</li> <li>• View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs)</li> <li>• Find carrier contact information during the year</li> </ul>
<b>UnitedHealthcare</b>	
<a href="http://www.myuhc.com">www.myuhc.com</a> <b>Enhanced and Standard POS:</b> 1-800-577-8539 <b>Traditional Indemnity:</b> 1-800-577-8567	<b>General information about your coverage and dedicated Customer Care (Member Services)</b> <ul style="list-style-type: none"> <li>• Understand how your UnitedHealthcare medical coverage works</li> <li>• Find network physicians, specialists and facilities in your community</li> <li>• Compare average treatment costs and hospitals in your area for medical procedures you may be considering</li> <li>• Manage your healthcare choices and costs through a Plan Comparison Calculator</li> <li>• Access claims information</li> <li>• Speak with an experienced Customer Care representative who understands your plan and can answer questions quickly</li> </ul>



Where	What you will find
<a href="http://www.myuhc.com">www.myuhc.com</a> Call the phone number on the back of your medical ID card 24 hours a day, seven days a week	<b>UnitedHealthcare Live Nurse Assistance</b> <ul style="list-style-type: none"> <li>• Speak with a registered nurse at any time</li> <li>• Get information about health and welfare topics</li> <li>• Participate in a live online nurse chat</li> <li>• Both English- and Spanish-speaking registered nurses are available</li> </ul>
<a href="http://www.myoptumhealthcomplexmedical.com">www.myoptumhealthcomplexmedical.com</a> 1-866-936-6002 7:00 a.m. to 7:00 p.m., Central Time (CT), Monday through Friday, excluding holidays	<b>UnitedHealthcare Cancer Resource Services (CRS)</b> <ul style="list-style-type: none"> <li>• Get information regarding a cancer diagnosis and treatment</li> <li>• Find cancer centers or physicians</li> </ul>
<a href="http://myuhc.phs.com/maternitysupport">myuhc.phs.com/maternitysupport</a> 1-877-201-5328 (TTY 711) 8:00 a.m. to 8:00 p.m., CT, Monday through Thursday, and 8:00 a.m. to 5:00 p.m., CT, Friday	<b>Maternity Program</b> <ul style="list-style-type: none"> <li>• Education and support for women through all stages of pregnancy and delivery</li> <li>• Information on how to download the Healthy Pregnancy mobile app</li> </ul>
<a href="http://www.myoptumhealthcomplexmedical.com">www.myoptumhealthcomplexmedical.com</a> (click the "Congenital Heart Disease" link or call the phone number on the back of your medical ID card)	<b>Congenital Heart Disease Program (CHD)</b> <ul style="list-style-type: none"> <li>• Clinical consultants can provide information to assist parents, family members, case managers and physicians in making decisions about congenital heart disease</li> </ul>
<a href="http://www.myoptumhealthcomplexmedical.com">www.myoptumhealthcomplexmedical.com</a> (click the "Transplantation" link or call the phone number on the back of your medical ID card)	<b>Transplant Resource Services (TRS)</b> <ul style="list-style-type: none"> <li>• Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants</li> </ul>
<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> <b>Enhanced and Standard POS:</b> 1-800-577-8539 <b>Traditional Indemnity:</b> 1-800-577-8567	<b>UnitedHealthcare Behavioral Health</b> <ul style="list-style-type: none"> <li>• Understand how your mental health and substance abuse coverage works</li> <li>• Access claims information</li> </ul>
<b>CVS Caremark prescription drug coverage (does not apply to HMO coverage)</b>	
<a href="http://Caremark.com">Caremark.com</a> 1-800-240-9623	<b>CVS Caremark</b> <ul style="list-style-type: none"> <li>• Understand how your prescription drug coverage works</li> <li>• Prescription drug coverage and pricing information, including comparisons for brand-name and generic medications received through mail order and retail</li> <li>• Access claims information</li> <li>• Find an in-network pharmacy</li> </ul>
<a href="http://Caremark.com/mailservice">Caremark.com/mailservice</a> 1-800-240-9623	<b>CVS Caremark Mail Service Pharmacy</b> <ul style="list-style-type: none"> <li>• Order and refill maintenance medications from the CVS Caremark mail order service for savings opportunities</li> </ul>
<a href="http://CVSspecialty.com">CVSspecialty.com</a> 1-800-237-2767	<b>CVS Specialty</b> <ul style="list-style-type: none"> <li>• Refill prescriptions and check order status</li> <li>• Pick up prescriptions or have them shipped to you</li> <li>• Talk to a pharmacist and nurse specially trained in your condition</li> <li>• Access injection training, home infusion and other services</li> </ul>
<b>Magellan</b>	
<a href="http://www.MagellanAscend.com">www.MagellanAscend.com</a> 1-800-327-7348	<b>Magellan EAP</b> <ul style="list-style-type: none"> <li>• Get free, confidential 24/7 assistance for medical and behavioral health issues</li> </ul>

Where	What you will find
<b>MetLife</b>	
<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> 1-888-262-4876 (use the company/group name "US-Nokia" to sign in to the website)	<b>MetLife Dental</b> <ul style="list-style-type: none"> <li>• Understand how your dental coverage works</li> <li>• Find network dentists</li> <li>• Access claims information</li> </ul>
1-800-523-2894 MetLife GUL Department PO Box 14402 Lexington, KY 40512-4402	<b>MetLife Group Universal Life (GUL) Insurance</b> <ul style="list-style-type: none"> <li>• Get answers to all questions related to the GUL products</li> <li>• Request portability</li> <li>• Get answers to questions about completing or submitting beneficiary designation forms</li> </ul>
1-888-201-4612	<b>MetLife Life Insurance</b> <ul style="list-style-type: none"> <li>• Understand how your life insurance coverage works</li> <li>• Request conversion</li> <li>• Get answers to questions about completing or submitting beneficiary designation forms</li> </ul>
1-800-984-8651	<b>MetLife Long-Term Care Insurance (LTCI)</b> <ul style="list-style-type: none"> <li>• Understand how your LTCI coverage works</li> </ul> <b>Note:</b> Plan closed to new entrants
<b>Alight Smart-Choice Accounts™ (Flexible Spending Accounts)</b>	
Available through the YBR website at <a href="https://digital.alight.com/nokia">https://digital.alight.com/nokia</a> 1-888-232-4111 (TTY 711); 9:00 a.m. to 5:00 p.m., ET, Monday through Friday	<b>Health Care and/or Dependent Care Flexible Spending Accounts</b> <ul style="list-style-type: none"> <li>• Obtain your account balance</li> <li>• Learn about what qualifies as an eligible expense</li> <li>• Submit claims</li> <li>• Check the status of your claims</li> </ul>
<b>HMO (see carrier contact information on next page)</b>	
Contact information is also available: <ul style="list-style-type: none"> <li>• On the back of your ID card, if you are currently enrolled in an HMO;</li> <li>• By visiting the YBR website at <a href="https://digital.alight.com/nokia">https://digital.alight.com/nokia</a>; or</li> <li>• By calling the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).</li> </ul>	<b>Your HMO carrier</b> <ul style="list-style-type: none"> <li>• Understand how your HMO coverage works</li> <li>• Access claims information</li> </ul>

# HMOs

<b>Horizon Blue Cross Blue Shield of New Jersey</b>	<b>Members:</b> 1-800-355-2583 <b>Prospective members:</b> 1-800-224-1234 <b>Website:</b> <a href="http://www.horizonblue.com">www.horizonblue.com</a>
<b>Kaiser Mid-Atlantic</b>	<b>Washington, D.C.:</b> 1-301-468-6000 (TTY 711) <b>Outside the Washington, D.C., metro area:</b> 1-800-777-7902 (TTY 711) <b>Website:</b> <a href="http://kp.org">http://kp.org</a>
<b>Kaiser Northwest</b>	<b>Portland, OR area only:</b> 1-503-813-2000 <b>Elsewhere:</b> 1-800-813-2000 <b>Website:</b> <a href="http://kp.org">http://kp.org</a>
<b>Kaiser of Northern California</b> <b>Kaiser of Southern California</b>	<b>Phone:</b> 1-800-464-4000 <b>Website:</b> <a href="http://kp.org">http://kp.org</a>
<b>Kaiser Permanente of Colorado</b>	<b>Phone:</b> 1-800-632-9700 <b>Southern Colorado:</b> 1-888-681-7878 <b>Website:</b> <a href="http://kp.org">http://kp.org</a>
<b>Kaiser Permanente of Georgia</b>	<b>Phone:</b> 1-888-865-5813 <b>Local:</b> 1-404-261-2590 <b>Website:</b> <a href="http://kp.org">http://kp.org</a>
<b>Kaiser Permanente of Hawaii</b>	<b>Oahu:</b> 1-808-432-5955 <b>Other islands:</b> 1-800-966-5955 <b>Website:</b> <a href="http://kp.org">http://kp.org</a>
<b>Kaiser Permanente Washington</b>	<b>Phone:</b> 1-888-901-4636 <b>Website:</b> <a href="http://kp.org">http://kp.org</a>

# 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](http://www.benefitanswersplus.com). You may also request a copy by calling 1-908-723-9869.

## Women’s Health and Cancer Rights Act of 1998 Notice

The Women’s Health and Cancer Rights Act of 1998 ensures that medical plans that cover mastectomies also cover certain related reconstructive surgery. A covered woman who has a mastectomy can elect the following procedures after consulting with her physician and be assured of plan coverage for these expenses:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment required as a result of physical complications for all stages of mastectomy, including lymphedema.

Coverage is subject to all of the terms of the plan, including applicable copayments, deductibles and/or coinsurance provisions. For more information, contact your health plan’s Member Services.

This communication is intended to highlight some of the benefits provided to eligible participants under the Nokia health and welfare plans. More detailed information is provided in the official plan documents. In the event of a conflict between any information contained in this communication and the terms of the plans as reflected in the official plan documents, the official plan documents shall control. The Board of Directors of Nokia of America Corporation (the “Company”) (or its delegate[s]) reserves the right to modify, suspend, change or terminate any of the benefit plans at any time. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the Company. The Company cannot be bound by statements about the plans made by unauthorized personnel. This information is not a contract of employment, either expressed or implied, and does not create contractual rights of any kind between the Company and its employees or former employees.

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