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

**For participants in the formerly represented retiree plan design***

*Includes Long-Term Disability (LTD), COBRA and Family Security Program (FSP) participants

**2022-BAAG4-FRR_251909**

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.

## Inside you will find


**Overview** ..... **3**

**Medical** ..... **4**

**Dental** ..... **11**

**Resource contact information** ..... **12**

**HMOs for participants not eligible for Medicare** ..... **15**

**Medicare HMOs** ..... **16**

**Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)** ..... **17**

**Women’s Health and Cancer Rights Act of 1998 Notice** ..... **17**

# Overview

The tables that follow summarize some features of the 2022 Nokia medical and dental plan options applicable to eligible individuals covered under the formerly represented retiree 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/Medicare HMO options offered, HMO/Medicare HMO coverage information is not shown in these tables. Medical and prescription drug coverage levels and costs vary by individual HMO/Medicare 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/Medicare HMO you are considering. You can find carrier contact information on pages 15 and 16 of this guide. Or, if you are currently enrolled in an HMO/Medicare HMO, check the back of your HMO/Medicare 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 Point of Service (POS) and UnitedHealthcare® Group Medicare Advantage Preferred Provider Organization (PPO) services),
- The reasonable and customary (R&C) fee, for Traditional Indemnity services, or
- The Medicare-approved fee schedule, for out-of-network UnitedHealthcare Group Medicare Advantage (PPO) services).

When medical services are received from a non-network provider under the POS option, eligible expenses are an amount negotiated by UHC, a specific amount required by law (when required by law) or an amount UHC has determined is typically accepted by a healthcare provider for the same or similar service.

| Feature | Point of Service (POS) (if you are not eligible for Medicare) | | Traditional Indemnity (if you are or are not eligible for Medicare) | UnitedHealthcare Group Medicare Advantage (PPO) (if you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|---|---|---|---|---|
| | **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 PPO providers or any medical provider | Select from within a network of PPO providers or any qualified provider who participates in Medicare and accepts the plan |
| **Annual deductible** | See "Annual deductible for the POS option" on page 5. | | See "Annual deductible for the Traditional Indemnity option" on page 5. | $300/individual (combined with out-of-network) |
| **Annual out-of-pocket maximum** | **Individual:** $1,700<br>**Two-person:** $3,400<br>**Family:** $5,100<br>(excludes deductible) | **Individual:** $4,000<br>**Two-person:** $8,000<br>**Family:** $12,000<br>(excludes deductible) | **Individual:** $1,700<br>**Two-person:** $3,400<br>**Family:** $5,100<br>(excludes deductible) | $1,700/individual (includes deductible; combined with out-of-network) |
| **Lifetime maximum benefit** | Unlimited (some exclusions apply) | Unlimited (some exclusions apply) | Unlimited (some exclusions apply)<br>Other covered charges are limited to $50,000 (or buy-up amount) | Unlimited (some exclusions apply) |

## Annual deductible for the POS option

| Participants receiving POS level benefits | In-network deductible | Out-of-network deductible |
|---|---|---|
| • Retirees and their dependents<br>• COBRA beneficiaries (excluding survivors) of retirees, and their dependents | • **Individual:** 1.2% of annual pension<br>• **Two-person:** 1.2% of annual pension per individual<br>• **Family:** 1.2% of annual pension per individual, up to 3.6% max. | • **Individual:** 6.5% of annual pension ($600 min.)<br>• **Two-person:** 6.5% of annual pension per individual ($1,200 min.)<br>• **Family:** 6.5% of annual pension per individual, up to 19.5% max. ($1,800 min.) |
| All other participants | • **Individual:** $300<br>• **Two-person:** $600<br>• **Family:** $900 | • **Individual:** $600<br>• **Two-person:** $1,200<br>• **Family:** $1,800 |

## Annual deductible for the Traditional Indemnity option

| Participants receiving Traditional Indemnity level benefits | Deductible |
|---|---|
| • Retirees and their dependents<br>• COBRA beneficiaries (excluding survivors) of retirees, and their dependents | **Per individual:** 3.2% of annual pension |
| All other participants | • **Individual:** $300<br>• **Two-person:** $600<br>• **Family:** $900 |

| Feature | Point of Service (POS) (if you are not eligible for Medicare) | | Traditional Indemnity (if you are or are not eligible for Medicare) | UnitedHealthcare Group Medicare Advantage (PPO) (if you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|---|---|---|---|---|
| | In-network | Out-of-network | | |
| **Copayment/coinsurance for covered services** | | | | |
| **Acupuncture** | You pay $30 copayment/visit | Plan pays 70% 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 | Plan pays 80% after deductible is satisfied; limited to 30 visits/year |
| **Ambulance — emergency air ambulance** | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 80% after deductible is satisfied |
| **Ambulance — emergency use of ambulance** | Plan pays 90% (deductible does not apply) | Plan pays 90% (deductible does not apply) | Plan pays 80% after deductible is satisfied | Plan pays 80% after deductible is satisfied |
| **Ambulance — from hospital to hospital** (if admitted to first hospital) | Plan pays 90% (deductible does not apply) | Plan pays 90% (deductible does not apply) | Plan pays 90% after deductible is satisfied | Plan pays 80% after deductible is satisfied |
| **Anesthesia** | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| **Birth control** (prescription birth control or medication only) | See “Coverage through the CVS Caremark prescription drug program” on page 10. | | | |
| **Birthing center** | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| **Blood and blood derivatives** | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 80% after deductible is satisfied | Plan pays 80% after deductible is satisfied |
| **Cardiac rehabilitation** (phase three maintenance not covered) | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 80% after deductible is satisfied | Plan pays 80% after deductible is satisfied |
| **Chemotherapy** | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | 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% after deductible is satisfied; limited to 30 visits/year | Plan pays 80%, not subject to deductible (covered according to Medicare guidelines) |
| **Durable medical equipment** | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 80% 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 90% after deductible is satisfied | You pay $60 copayment/visit, not subject to deductible (waived if admitted within 24 hours) |
| **Emergency room — nonemergency use** | Plan pays 70% after you pay $75 copayment/visit | Plan pays 70% after you pay $75 copayment/visit | Plan pays 80% after deductible is satisfied | You pay $60 copayment/visit, not subject to deductible (payment of emergency room services follows Medicare guidelines) |

| Feature | Point of Service (POS) (if you are not eligible for Medicare) | | Traditional Indemnity (if you are or are not eligible for Medicare) | UnitedHealthcare Group Medicare Advantage (PPO) (if you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|---|---|---|---|---|
| | **In-network** | **Out-of-network** | | |
| **Extended care facility** (or skilled nursing facility) | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied; limited to 60 days/year | Plan pays 90% after deductible is satisfied; limited to 120 days/year | Plan pays 90% after deductible is satisfied; limited to 120 days/ benefit period; unlimited benefit periods |
| **Home healthcare** | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied; limited to 100 visits/year | Plan pays 90% after deductible is satisfied; limited to 200 visits/year | $0 copayment after deductible is satisfied |
| **Hospice care** | Plan pays 90% after deductible is satisfied; 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 90% after deductible is satisfied; limited to 210 days/ lifetime | $0 copayment, not subject to deductible |
| **Inpatient hospitalization/ surgery** | Plan pays 90% after you pay $100 copayment/ admission | Plan pays 70% after deductible is satisfied and you pay $300 copayment/admission | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| **Maternity** | Plan pays 90% after you pay $30 copayment for first doctor visit and 90% after you pay $100 copayment/hospital admission | Plan pays 70% after deductible is satisfied and you pay $300 copayment/hospital admission | After deductible is satisfied, plan pays 90% for most inpatient and outpatient services and 80% for physician office visits | After deductible is satisfied, plan pays 90% for most inpatient and outpatient services and 80% for physician office visits |
| **Mental health and chemical dependency** (for those who are not eligible for Medicare) | **Inpatient:** Plan pays 90% after you pay $100 copayment/admission<br>**Outpatient:** You pay $30 copayment/visit | **Inpatient:** Plan pays 70% after deductible is satisfied and you pay $300 copayment/ admission<br>**Outpatient:** Plan pays 70% after deductible is satisfied | **Inpatient:** Plan pays 90% after deductible is satisfied<br>**Outpatient:** Plan pays 80% after deductible is satisfied | Not applicable |
| **Mental health and chemical dependency** (for those who are Medicare-eligible) | **Inpatient or outpatient:** Not applicable | | **Inpatient:** Plan pays 90% after deductible is satisfied<br>**Outpatient:** Plan pays 80% after deductible is satisfied | **Inpatient:** Plan pays 90% after deductible is satisfied<br>**Outpatient:** Plan pays 80% after deductible is satisfied |
| **Nutritionist** | You pay $30 copayment/visit | Not covered | Not covered | Plan pays 100% for medical nutrition therapy and counseling per Medicare guidelines |
| **Outpatient lab/X-ray** | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| **Physician hospital visits and consultations** | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |

| Feature | Point of Service (POS) (if you are not eligible for Medicare) | | Traditional Indemnity (if you are or are not eligible for Medicare) | UnitedHealthcare Group Medicare Advantage (PPO) (if you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|---|---|---|---|---|
| | **In-network** | **Out-of-network** | | |
| **Physician visits** (virtual visits, primary care physician [PCP] office visits and specialist office visits) (non-preventive) | You pay $30 copayment/visit | Plan pays 70% after deductible is satisfied | Plan pays 80% after deductible is satisfied | **Virtual visit:** You pay $0 copayment/visit; not subject to deductible<br>**PCP or specialist:** Plan pays 80% after deductible is satisfied |
| **Podiatrist** | You pay $30 copayment/visit | Plan pays 70% after deductible is satisfied | Plan pays 80% after deductible is satisfied | Plan pays 80% after deductible is satisfied (covered according to Medicare guidelines) |
| **Private duty nursing** | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied; limited to 100 shifts/year | Plan pays 90% after deductible is satisfied; limited to 200 shifts/year | Plan pays 90% after deductible is satisfied, up to $2,000/year; in- and out-of-network combined |
| **Radiation therapy** | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| **Rehabilitation therapy** (outpatient physical, occupational, speech) | You pay $30 copayment/visit | Plan pays 70% 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 | Plan pays 80% after deductible is satisfied |
| **Second surgical opinion** | You pay $30 copayment/visit | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 80% after deductible is satisfied |
| **Smoking deterrents** (prescription only) | See “Coverage through the CVS Caremark prescription drug program” on page 10. | | | |
| **Surgery — in-office** | You pay $30 copayment/visit | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| **Surgery — outpatient** | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| **Urgent care center visit** | Check with plan | Check with plan | Check with plan | $30 copay per visit, not subject to deductible (waived if admitted to hospital within 24 hours) |
| **Wigs** | Plan pays up to $300/plan year | | | Plan pays up to $300 every 12 months, not subject to deductible |

| Feature | Point of Service (POS) (if you are not eligible for Medicare) | | Traditional Indemnity (if you are or are not eligible for Medicare) | UnitedHealthcare Group Medicare Advantage (PPO) (if you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|---|---|---|---|---|
| | **In-network** | **Out-of-network** | | |
| **Preventive care** | | | | |
| **Routine physical exams** | You pay $30 copayment/visit | Not covered | Not covered | $0 copayment for Medicare-covered wellness exam to develop/update a personalized prevention plan based on current health and risk factors; contact plan for details |
| **Well-child care** (including immunizations) | You pay $30 copayment/visit | Not covered | Not covered | Not covered |
| **Well-woman care** (ob-gyn exam) | You pay $30 copayment/visit | Not covered | Not covered | $0 copayment (one visit/year) |
| **Mammogram screening** | You pay $30 copayment/visit; included with doctor's visit | Plan pays 70% after deductible is satisfied | After deductible is satisfied, plan pays 80% if preventive or 90% if diagnostic | $0 copayment |
| **Pap smear** (in doctor's office) | You pay $30 copayment/visit; included with doctor's visit | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | $0 copayment |
| **Digital rectal exam and blood test for PSA** (in doctor's office — prostate cancer screening for men age 50 and older) | You pay $30 copayment/visit; included with doctor's visit | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | $0 copayment |
| **Newborn in-hospital care** | Plan pays 90% (deductible does not apply) | Plan pays 70% after deductible is satisfied; limited to one visit | Plan pays 90% (deductible does not apply); limited to one visit | Not covered |
| **Other important information about your medical coverage** | | | | |
| **Are you responsible for charges in excess of the allowable amount?** | No | Yes | Yes | No |
| **Who is responsible for prior authorization?** | Your provider; check with your provider to ensure prior authorization is obtained | You | You | Not applicable |
| **What is the penalty for failure to obtain prior authorization?** | No benefits paid by plan | 20% reduction in benefits, up to $400 maximum/occurrence | 20% reduction in benefits, up to $400 maximum/occurrence | Not applicable |
| **Do you have to file claim forms?** | No | Yes | Yes | No |
| **Are Centers of Excellence available?** | Yes | | | |

| Feature | Point of Service (POS) (if you are not eligible for Medicare) | | Traditional Indemnity (if you are or are not eligible for Medicare) | UnitedHealthcare Group Medicare Advantage (PPO) (if you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|---|---|---|---|---|
| | **In-network** | **Out-of-network** | | |
| **Coverage through the CVS Caremark prescription drug program[1,2]** | | | | |
| **Prescription drug annual deductible[1]** | **Retail:** $115/individual<br>**Mail order:** None | **Individual:** $115<br>**Two-person:** $230<br>**Family:** $345 | **In-network (retail and mail order):**<br>**Retail:** $115/individual<br>**Mail order:** None<br>**Out-of-network:**<br>**Individual:** $115<br>**Two-person:** $230<br>**Family:** $345 | **In-network (retail and mail order):**<br>**Retail:** $115/individual<br>**Mail order:** None<br>**Out-of-network:**<br>**Individual:** $115<br>**Two-person:** $230<br>**Family:** $345 |
| **Prescription drug annual out-of-pocket maximum[1]** | **Retail and mail order:** $1,700/individual (excludes deductible) | None | **In-network (retail and mail order):** $1,700/individual (excludes deductible)<br>**Out-of-network:** None | **In-network (retail and mail order):** $1,700/individual (excludes deductible)<br>**Out-of-network:** None |
| **Retail copayments[3]** (up to a 30-day supply using an in-network pharmacy) | **Generic:** $14<br>**Preferred brand:** $50<br>**Nonpreferred brand:** $85 | Plan pays 70% after deductible is satisfied | **In-network:**<br>**Generic:** $14<br>**Preferred brand:** $50<br>**Nonpreferred brand:** $85<br>**Out-of-network:** Plan pays 70% after deductible is satisfied | **In-network:**<br>**Generic:** $14<br>**Preferred brand:** $50<br>**Nonpreferred brand:** $85<br>**Out-of-network:** Plan pays 70% after deductible is satisfied |
| **Mail-order copayments** (up to a 90-day supply) | **Generic:** $35<br>**Preferred brand:** $125<br>**Nonpreferred brand:** $212.50 | Not applicable | **In-network:**<br>**Generic:** $35<br>**Preferred brand:** $125<br>**Nonpreferred brand:** $212.50<br>**Out-of-network:** Not applicable | **In-network:**<br>**Generic:** $35<br>**Preferred brand:** $125<br>**Nonpreferred brand:** $212.50<br>**Out-of-network:** Not applicable |
| **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 | | | |

[1] 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 and UnitedHealthcare Group Medicare Advantage (PPO) coverage. “Member pays the difference” program charges do not count toward prescription drug annual out-of-pocket maximums.

[2] Where prescription drug coverage is expressed as a percentage, it is a percentage of the plan’s cost for the drug.

[3] 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.

**Remember:**

**You may not be eligible for all of the coverage options shown in this table.**
**For HMO/Medicare HMO information, contact the HMO/Medicare HMO.**
**Carrier contact information is on pages 15 and 16.**

# 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)[4] |
|---|---|---|
| **Annual deductible** | $25/individual; applies to non-preventive services **only** | 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, no lifetime maximum applies |
| **Annual maximum benefits** | $1,500/individual | Generally not applicable |

[4] 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 the table above.**

# Resource contact information

For information about your benefits coverage, contact these resources.

| Where | What you will find |
|---|---|
| **Nokia resources** | |
| https://digital.alight.com/nokia<br><br>24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., ET | **The Your Benefits Resources (YBR) website**<br>• View your current coverage<br>• Review and compare your 2022 healthcare options and contribution costs<br>• Enroll in coverage for 2022<br>• Make changes to your default coverage for 2022<br>• Opt out of your 2022 coverage<br>• Find a doctor or healthcare provider<br>• Learn more about your Nokia benefits<br>• Review dependent eligibility rules<br>• Review, add or change your dependent's(s') information on file<br>• Understand how a Life Event may change your benefits |
| 1-888-232-4111 (TTY 711)<br><br>(1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada)<br><br>9:00 a.m. to 5:00 p.m., ET, Monday through Friday | **Nokia Benefits Resource Center**<br>• **If you do not have Internet access:**<br>– Enroll in coverage for 2022<br>– Make changes to your default coverage for 2022<br>– Opt out of your 2022 coverage<br>– Review dependent eligibility rules<br>– Review, add or change your dependent's(s') information on file<br>• Resolve a unique benefits issue that you have not been able to solve on your own<br>• 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**<br>• Get your enrollment materials<br>• Find answers to your benefits questions<br>• View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs)<br>• Find carrier contact information during the year |
| **UnitedHealthcare — medical** | |
| **Group Medicare Advantage (PPO):**<br><br>www.UHCRetiree.com/nokia<br>1-888-980-8117 (TTY: 711)<br><br>8:00 a.m. to 8:00 p.m., local time, seven days a week<br><br>**POS:** 1-800-577-8539<br>**Traditional Indemnity:** 1-800-577-8567<br><br>www.myuhc.com | **General information about your coverage and dedicated Customer Care (Member Services)**<br>• Understand how your UnitedHealthcare medical coverage works<br>• Find network physicians, specialists and facilities in your community<br>• Compare average treatment costs and hospitals in your area for medical procedures you may be considering<br>• Manage your healthcare choices and costs through a Plan Comparison Calculator<br>• Access claims information<br>• Speak with an experienced Customer Care representative who understands your plan and can answer questions quickly |

| Where | What you will find |
|---|---|
| **UnitedHealthcare — additional medical support for the Group Medicare Advantage (PPO), POS and Traditional Indemnity options** | |
| **Group Medicare Advantage (PPO) (Telephonic Nurse Support):** 1-877-365-7949<br><br>**POS and Traditional Indemnity (Live Nurse Assistance):** www.myuhc.com<br><br>Call the phone number on the back of your medical ID card<br><br>24 hours a day, seven days a week | **UnitedHealthcare Telephonic Nurse Support/Live Nurse Assistance**<br>• Speak with a registered nurse at any time<br>• Get information about health and welfare topics<br>• Participate in a live online nurse chat (POS and Traditional Indemnity only)<br>• Both English- and Spanish-speaking registered nurses are available |
| **UnitedHealthcare — additional medical support for the POS and Traditional Indemnity options** | |
| www.myoptumhealthcomplexmedical.com<br><br>1-866-936-6002<br>7:00 a.m. to 7:00 p.m., Central Time (CT), Monday through Friday, excluding holidays | **UnitedHealthcare Cancer Resource Services (CRS)**<br>• Get information regarding a cancer diagnosis and treatment<br>• Find cancer centers or physicians |
| myuhc.phs.com/maternitysupport<br><br>1-877-201-5328 (TTY 711)<br><br>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 | **Maternity Program**<br>• Education and support for women through all stages of pregnancy and delivery<br>• Information on how to download the Healthy Pregnancy mobile app |
| www.myoptumhealthcomplexmedical.com<br><br>(click the “Congenital Heart Disease” link or call the phone number on the back of your medical ID card) | **Congenital Heart Disease Program (CHD)**<br>• Clinical consultants can provide information to assist parents, family members, case managers and physicians in making decisions about congenital heart disease |
| www.myoptumhealthcomplexmedical.com<br><br>(click the “Transplantation” link or call the phone number on the back of your medical ID card) | **Transplant Resource Services (TRS)**<br>• Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants |
| www.liveandworkwell.com<br><br>**POS:** 1-800-577-8539<br><br>**Traditional Indemnity:** 1-800-577-8567 | **UnitedHealthcare Mental Health and Chemical Dependency**<br>• Understand how your mental health and chemical dependency coverage works<br>• Access claims information |
| **CVS Caremark prescription drug coverage (does not apply to HMO coverage)** | |
| www.caremark.com<br><br>1-800-240-9623 | **CVS Caremark**<br>• Understand how your prescription drug coverage works<br>• Prescription drug coverage and pricing information, including comparisons for brand-name and generic medications received through mail order and retail<br>• Access claims information<br>• Find an in-network pharmacy |
| Caremark.com/mailservice<br><br>1-800-240-9623 | **CVS Caremark Mail Service Pharmacy**<br>• Order and refill maintenance medications from the CVS Caremark mail order service for savings opportunities |
| CVSspecialty.com<br><br>1-800-237-2767 | **CVS Specialty**<br>• Refill prescriptions and check order status<br>• Pick up prescriptions or have them shipped to you<br>• Talk to a pharmacist and nurse specially trained in your condition<br>• Access injection training, home infusion and other services |

| Where | What you will find |
|---|---|
| **Aetna Dental** | |
| www.aetna.com<br>**Traditional Option:** 1-800-220-5470<br>**DMO Option:** 1-800-220-5479 | **Aetna Dental**<br>• Understand how your dental coverage works<br>• Find network dentists<br>• Access claims information<br>• Enroll in or disenroll from the DMO option |
| **MetLife** | |
| 1-888-201-4612 | **MetLife Life Insurance**<br>• Understand how your life insurance coverage works<br>• Request conversion<br>• Get answers to questions about completing or submitting beneficiary designation forms |
| 1-800-984-8651 | **MetLife Long-Term Care Insurance (LTCI)**<br>• Understand how your LTCI coverage works<br>**Note:** Plan closed to new entrants as of December 31, 2012 |
| **Other resources (union contacts)** | |
| 1-202-434-1301<br>Email: msherman@cwa-union.org | **CWA Staff Representative — Mary Jo Reilly**<br>• Not a representative of the Nokia medical plan<br>• Assists former union members |
| 1-610-413-9772<br>Email: rml1949@hotmail.com | **IBEW Managed Care Program Coordinator — Robert Longenecker**<br>• Not a representative of the Nokia medical plan<br>• Assists former union members |
| **HMO/Medicare HMO (see carrier contact information on next page)** | |
| Contact information is also available:<br>• On the back of your ID card, if you are currently enrolled in an HMO/Medicare HMO;<br>• By visiting the YBR website at https://digital.alight.com/nokia; or<br>• By calling the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711). | **Your HMO/Medicare HMO carrier**<br>• Understand how your HMO/Medicare HMO coverage works<br>• Access claims information |

# HMOs for participants not eligible for Medicare

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

# Medicare HMOs

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|---|---|
| **BlueCross BlueShield of North Carolina** | **Phone:** 1-888-310-4110<br>**Website:** https://www.bluecrossnc.com/medicare-members |
| **Kaiser Permanente Washington** | **Phone:** 1-888-901-4636<br>**Website:** http://kp.org |
| **Horizon Blue Cross Blue Shield of New Jersey** | **Members:** 1-800-365-2223<br>**Prospective members:** 1-800-425-9435<br>**Website:** www.horizonblue.com |
| **Humana Health Plan of Florida**<br>**Humana Health Plan of Illinois**<br>**Humana Health Plan of Kansas City** | **Members:** 1-866-396-8810<br>**Prospective members:** 1-800-824-8242<br>**Website:** www.humana.com |
| **Kaiser Mid-Atlantic** | **Phone:** 1-888-777-5536 (TTY 711)<br>**Website:** http://kp.org |
| **Kaiser Northwest** | **Portland, OR area only:** 1-503-813-2000<br>**Elsewhere:** 1-800-813-2000<br>**Website:** http://kp.org |
| **Kaiser of Northern California**<br>**Kaiser of Southern California** | **Phone:** 1-800-443-0815<br>**Website:** http://kp.org |
| **Kaiser Permanente of Colorado** | **Phone:** 1-800-476-2167 (TTY 711)<br>**Website:** http://kp.org |
| **Kaiser Permanente of Georgia** | **Phone:** 1-800-232-4404<br>**Local:** 1-404-233-3700<br>**Website:** http://kp.org |
| **Kaiser Permanente of Hawaii** | **Oahu:** 1-808-432-5955<br>**Other islands:** 1-800-966-5955<br>**Website:** http://kp.org |
| **Keystone Health Plan Central** | **Phone:** 1-800-962-2242 (TTY 711)<br>**Website:** www.capitalbluemedicare.com |
| **UnitedHealthcare of California** | **Phone:** 1-800-610-2660<br>**Website:** www.UHCRetiree.com |

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

If you are a participant in the Nokia Medical Expense Plan for Retired Employees and/or the Nokia Dental Expense Plan for Retired 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 1-908-723-9869.

# 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.