Benefits at-a-glance and resource contact information 2023

For participants in the formerly represented retiree plan design*

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

2023-BAAG4-FRR_260663

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 via the Alight Mobile app (to download the app on your mobile device, go to the App Store or Google Play and search for “Alight Mobile”); or
- Call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711). Representatives are available 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

Inside you will find

Overview

The tables that follow summarize some features of the 2023 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 via the Alight Mobile app; 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 page 15 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 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	Point of Service (POS)		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	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 **Two-person:** $3,400 **Family:** $5,100 (excludes deductible)	**Individual:** $4,000 **Two-person:** $8,000 **Family:** $12,000 (excludes deductible)	**Individual:** $1,700 **Two-person:** $3,400 **Family:** $5,100 (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) 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 • COBRA beneficiaries (excluding survivors) of retirees, and their dependents	• **Individual:** 1.2% of annual pension • **Two-person:** 1.2% of annual pension per individual • **Family:** 1.2% of annual pension per individual, up to 3.6% max.	• **Individual:** 6.5% of annual pension ($600 min.) • **Two-person:** 6.5% of annual pension per individual ($1,200 min.) • **Family:** 6.5% of annual pension per individual, up to 19.5% max. ($1,800 min.)
All other participants	• **Individual:** $300 • **Two-person:** $600 • **Family:** $900	• **Individual:** $600 • **Two-person:** $1,200 • **Family:** $1,800

Annual deductible for the Traditional Indemnity option

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

Feature	Point of Service (POS)		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	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)
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

Feature	Point of Service (POS)		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	In-network	Out-of-network		
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	You will pay the Original Medicare cost-sharing
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 **Outpatient:** You pay $30 copayment/visit	**Inpatient:** Plan pays 70% after deductible is satisfied and you pay $300 copayment/ admission **Outpatient:** Plan pays 70% after deductible is satisfied	**Inpatient:** Plan pays 90% after deductible is satisfied **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 **Outpatient:** Plan pays 80% after deductible is satisfied	**Inpatient:** Plan pays 90% after deductible is satisfied **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
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 — primary care:** You pay $0 copayment/visit; not subject to deductible **Virtual visit — behavioral health:** Plan pays 80% after deductible is satisfied **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)

Feature	Point of Service (POS)		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	In-network	Out-of-network		
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/plan year, not subject to deductible

Feature	Point of Service (POS)		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	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)		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	In-network	Out-of-network		
Coverage through the CVS Caremark prescription drug program[1,2]				
Prescription drug annual deductible[1]	**Retail:** $115/individual **Mail order:** None	**Individual:** $115 **Two-person:** $230 **Family:** $345	**In-network (retail and mail order):** **Retail:** $115/individual **Mail order:** None **Out-of-network:** **Individual:** $115 **Two-person:** $230 **Family:** $345	**In-network (retail and mail order):** **Retail:** $115/individual **Mail order:** None **Out-of-network:** **Individual:** $115 **Two-person:** $230 **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) **Out-of-network:** None	**In-network (retail and mail order):** $1,700/individual (excludes deductible) **Out-of-network:** None
Retail copayments[3] (up to a 30-day supply using an in-network pharmacy)	**Generic:** $14 **Preferred brand:** $50 **Nonpreferred brand:** $85	Plan pays 70% after deductible is satisfied	**In-network:** **Generic:** $14 **Preferred brand:** $50 **Nonpreferred brand:** $85 **Out-of-network:** Plan pays 70% after deductible is satisfied	**In-network:** **Generic:** $14 **Preferred brand:** $50 **Nonpreferred brand:** $85 **Out-of-network:** Plan pays 70% after deductible is satisfied
Mail-order copayments (up to a 90-day supply)	**Generic:** $35 **Preferred brand:** $125 **Nonpreferred brand:** $212.50	Not applicable	**In-network:** **Generic:** $35 **Preferred brand:** $125 **Nonpreferred brand:** $212.50 **Out-of-network:** Not applicable	**In-network:** **Generic:** $35 **Preferred brand:** $125 **Nonpreferred brand:** $212.50 **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 page 15.

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 24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., ET You may also access the YBR website via the Alight Mobile app. To download the app on your mobile device: • Scan the appropriate code below, • Go to the App Store or Google Play and search for "Alight Mobile" or • Visit alight.com/app. **App Store code** **Google Play code** Once you have downloaded the app, open it, search for "Nokia," and tap the name. Enter your YBR User ID and tap "Sign in" to log on.	**The Your Benefits Resources (YBR) website** • View your current coverage • Review and compare your 2023 healthcare options and contribution costs • Enroll in coverage for 2023 • Make changes to your default coverage for 2023 • Opt out of your 2023 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 (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	**Nokia Benefits Resource Center** • **If you do not have Internet access:** – Enroll in coverage for 2023 – Make changes to your default coverage for 2023 – Opt out of your 2023 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** • Get your enrollment materials • Find answers to your benefits 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 — medical	
Group Medicare Advantage (PPO): retiree.uhc.com/nokia 1-888-980-8117 (TTY 711)	**General information about your coverage and dedicated Customer Care (Member Services)** • Understand how your UnitedHealthcare medical coverage works • Find network physicians, specialists and facilities in your community

Where	What you will find
8:00 a.m. to 8:00 p.m., local time, seven days a week **POS:** 1-800-577-8539 **Traditional Indemnity:** 1-800-577-8567 www.myuhc.com	• 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
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 **POS and Traditional Indemnity (Live Nurse Assistance):** www.myuhc.com Call the phone number on the back of your medical ID card 24 hours a day, seven days a week	**UnitedHealthcare Telephonic Nurse Support/Live Nurse Assistance** • Speak with a registered nurse at any time • Get information about health and welfare topics • Participate in a live online nurse chat (POS and Traditional Indemnity only) • Both English- and Spanish-speaking registered nurses are available
UnitedHealthcare — additional medical support for the POS and Traditional Indemnity options	
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)** • Get information regarding a cancer diagnosis and treatment • Find cancer centers or physicians
myuhc.phs.com/maternitysupport 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	**Maternity Program** • Education and support for women through all stages of pregnancy and delivery • Information on how to download the Healthy Pregnancy mobile app
www.myoptumhealthcomplexmedical.com (click the “Congenital Heart Disease” link or call the phone number on the back of your medical ID card)	**Congenital Heart Disease (CHD) Program** • 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 the “Transplantation” link or call the phone number on the back of your medical ID card)	**Transplant Resource Services (TRS)** • Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants
www.liveandworkwell.com **POS:** 1-800-577-8539 **Traditional Indemnity:** 1-800-577-8567	**UnitedHealthcare Mental Health and Chemical Dependency** • Understand how your mental health and chemical dependency coverage works • Access claims information
CVS Caremark prescription drug coverage (does not apply to HMO coverage)	
www.caremark.com 1-800-240-9623 24 hours a day, seven days a week	**CVS Caremark** • 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
Caremark.com/mailservice 1-800-240-9623	**CVS Caremark Mail Service Pharmacy** • Order and refill maintenance medications from the CVS Caremark mail order service for savings opportunities

Where	What you will find
CVSspecialty.com 1-800-237-2767 8:00 a.m. to 6:00 p.m., Monday through Friday	**CVS Specialty** • Refill prescriptions and check order status • Pick up prescriptions or have them shipped to you • Talk to a pharmacist and nurse specially trained in your condition • Access injection training, home infusion and other services
Aetna Dental	
www.aetna.com **Traditional Option:** 1-800-220-5470 **DMO Option:** 1-800-220-5479	**Aetna Dental** • Understand how your dental coverage works • Find network dentists • Access claims information • Enroll in or disenroll from the DMO option
MetLife	
1-888-201-4612	**MetLife Life Insurance** • Understand how your life insurance coverage works • Request conversion • Get answers to questions about completing the online beneficiary designation process
1-800-984-8651	**MetLife Long-Term Care Insurance (LTCI)** • Understand how your LTCI coverage works **Note:** Plan closed to new entrants as of December 31, 2012
Other resources (union contacts)	
1-984-389-7610 Email: bsawyer@cwa-union.org	**CWA Staff Representative — Brian Sawyer** • Not a representative of the Nokia medical plan • Assists former union members
1-610-413-9772 Email: rml1949@hotmail.com	**IBEW Managed Care Program Coordinator — Robert Longenecker** • Not a representative of the Nokia medical plan • Assists former union members
HMO/Medicare HMO (see carrier contact information on next page)	
Contact information is also available: • On the back of your ID card, if you are currently enrolled in an HMO/Medicare HMO; • By visiting the YBR website at https://digital.alight.com/nokia or via the Alight Mobile app; or • By calling the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).	**Your HMO/Medicare HMO carrier** • Understand how your HMO/Medicare HMO coverage works • Access claims information

HMOs and Medicare HMOs

HMOs for participants not eligible for Medicare

Kaiser of Northern California **Kaiser of Southern California**	**Phone:** 1-800-464-4000 **Website:** http://kp.org
Kaiser Permanente of Colorado	**Phone:** 1-800-632-9700 **Southern Colorado:** 1-888-681-7878 **Website:** http://kp.org
Kaiser Permanente of Hawaii	**Oahu:** 1-808-432-5955 **Other islands:** 1-800-966-5955 **Website:** http://kp.org

Medicare HMOs

BlueCross BlueShield of North Carolina	**Phone:** 1-888-310-4110 **Website:** https://www.bluecrossnc.com/medicare-members
Kaiser of Northern California **Kaiser of Southern California**	**Phone:** 1-800-443-0815 **Website:** http://kp.org
Kaiser Permanente of Colorado	**Phone:** 1-800-476-2167 (TTY 711) **Website:** http://kp.org
Kaiser Permanente of Hawaii	**Oahu:** 1-808-432-5955 **Other islands:** 1-800-966-5955 **Website:** http://kp.org
Keystone Health Plan Central	**Phone:** 1-800-962-2242 (TTY 711) **Website:** www.capitalbluemedicare.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.