



# Benefits at-a-glance and resource contact information 2025

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

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

2025-BAAG4-FRR\_285179

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 [digital.alight.com/nokia](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.

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# Overview

The tables that follow summarize some features of the 2025 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 [digital.alight.com/nokia](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.

# 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 (TI) 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.

	Point of Service (POS)		Traditional Indemnity (TI)	UnitedHealthcare Group Medicare Advantage (PPO)
	In-network	Out-of-network		
<b>Choice of doctors</b>	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
<b>Annual deductible</b>	See "Annual deductible for the POS option" on page 5.		See "Annual deductible for the TI option" on page 5.	\$300/individual (combined with out-of-network)
<b>Annual out-of-pocket maximum</b>	<b>Individual:</b> \$1,700 <b>Two-person:</b> \$3,400 <b>Family:</b> \$5,100 (excludes deductible)	<b>Individual:</b> \$4,000 <b>Two-person:</b> \$8,000 <b>Family:</b> \$12,000 (excludes deductible)	<b>Individual:</b> \$1,700 <b>Two-person:</b> \$3,400 <b>Family:</b> \$5,100 (excludes deductible)	\$1,700/individual (includes deductible; combined with out-of-network)
<b>Lifetime maximum benefit</b>	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
<ul style="list-style-type: none"> <li>Retirees and their dependents</li> <li>COBRA beneficiaries (excluding survivors) of retirees and their dependents</li> </ul>	<ul style="list-style-type: none"> <li><b>Individual:</b> 1.2% of annual pension</li> <li><b>Two-person:</b> 1.2% of annual pension per individual</li> <li><b>Family:</b> 1.2% of annual pension per individual, up to 3.6% max.</li> </ul>	<ul style="list-style-type: none"> <li><b>Individual:</b> 6.5% of annual pension (\$600 min.)</li> <li><b>Two-person:</b> 6.5% of annual pension per individual (\$1,200 min.)</li> <li><b>Family:</b> 6.5% of annual pension per individual, up to 19.5% max. (\$1,800 min.)</li> </ul>
All other participants	<ul style="list-style-type: none"> <li><b>Individual:</b> \$300</li> <li><b>Two-person:</b> \$600</li> <li><b>Family:</b> \$900</li> </ul>	<ul style="list-style-type: none"> <li><b>Individual:</b> \$600</li> <li><b>Two-person:</b> \$1,200</li> <li><b>Family:</b> \$1,800</li> </ul>

## Annual deductible for the TI option

Participants receiving TI level benefits	Deductible
<ul style="list-style-type: none"> <li>Retirees and their dependents</li> <li>COBRA beneficiaries (excluding survivors) of retirees, and their dependents</li> </ul>	<b>Per individual:</b> 3.2% of annual pension
All other participants	<ul style="list-style-type: none"> <li><b>Individual:</b> \$300</li> <li><b>Two-person:</b> \$600</li> <li><b>Family:</b> \$900</li> </ul>

	Point of Service (POS)		Traditional Indemnity (TI)	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 pages 9 and 10.			
Birthing center	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	Not applicable
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)

	Point of Service (POS)		Traditional Indemnity (TI)	UnitedHealthcare Group Medicare Advantage (PPO)
	In-network	Out-of-network		
<b>Extended care facility</b> (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
<b>Hearing care</b>	<b>Hearing evaluations:</b> Contact UnitedHealthcare for details <b>Hearing aids:</b> Covered at plan benefits; contact UnitedHealthcare for details	<b>Hearing evaluations:</b> Contact UnitedHealthcare for details <b>Hearing aids:</b> Covered at plan benefits; contact UnitedHealthcare for details	<b>Hearing evaluations:</b> Contact UnitedHealthcare for details <b>Hearing aids:</b> Covered at plan benefits; contact UnitedHealthcare for details	<b>Hearing evaluations:</b> <b>Routine hearing exam:</b> \$0 copayment; limited to one exam/year <b>Exam to diagnose and treat hearing and balance issues:</b> Plan pays 80% <b>Hearing aids:</b> \$500 allowance toward certain hearing aids, every three years
<b>Home healthcare</b>	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
<b>Hospice care</b>	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
<b>Inpatient hospitalization/surgery</b>	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
<b>Maternity</b>	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	Not applicable
<b>Mental health and chemical dependency</b> (for those who are not eligible for Medicare)	<b>Inpatient:</b> Plan pays 90% after you pay \$100 copayment/admission <b>Outpatient:</b> You pay \$30 copayment/visit	<b>Inpatient:</b> Plan pays 70% after deductible is satisfied and you pay \$300 copayment/admission <b>Outpatient:</b> Plan pays 70% after deductible is satisfied	<b>Inpatient:</b> Plan pays 90% after deductible is satisfied <b>Outpatient:</b> Plan pays 80% after deductible is satisfied	Not applicable
<b>Mental health and chemical dependency</b> (for those who are Medicare eligible)	<b>Inpatient and outpatient:</b> Not applicable		<b>Inpatient:</b> Plan pays 90% after deductible is satisfied <b>Outpatient:</b> Plan pays 80% after deductible is satisfied	<b>Inpatient:</b> Plan pays 90% after deductible is satisfied <b>Outpatient:</b> Plan pays 80% after deductible is satisfied
<b>Nutritionist</b>	You pay \$30 copayment/visit	Not covered	Not covered	Plan pays 100% for medical nutrition therapy and counseling per Medicare guidelines



	Point of Service (POS)		Traditional Indemnity (TI)	UnitedHealthcare Group Medicare Advantage (PPO)
	In-network	Out-of-network		
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	<b>Virtual visit — primary care:</b> You pay \$0 copayment/visit; not subject to deductible <b>Virtual visit — behavioral health:</b> Plan pays 80% after deductible is satisfied <b>PCP or specialist:</b> 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 pages 9 and 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	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied	Plan pays 80% after deductible is satisfied	\$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
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



	Point of Service (POS)		Traditional Indemnity (TI)	UnitedHealthcare Group Medicare Advantage (PPO)
	In-network	Out-of-network		
<b>Well-child care</b> (including immunizations)	You pay \$30 copayment/visit	Not covered	Not covered	Not covered
<b>Well-woman care</b> (ob-gyn exam)	You pay \$30 copayment/visit	Not covered	Not covered	\$0 copayment (one visit/year)
<b>Mammogram screening</b>	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
<b>Pap smear</b> (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
<b>Digital rectal exam and blood test for PSA</b> (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
<b>Newborn in-hospital care</b>	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
<b>Other important information about your medical coverage</b>				
<b>Are you responsible for charges in excess of the allowable amount?</b>	No	Yes	Yes	No
<b>Who is responsible for prior authorization?</b>	Your provider; check with your provider to ensure prior authorization is obtained	You	You	Not applicable
<b>What is the penalty for failure to obtain prior authorization?</b>	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
<b>Do you have to file claim forms?</b>	No	Yes	Yes	No
<b>Are Centers of Excellence available?</b>	Yes			
<b>Coverage through the CVS Caremark prescription drug program<sup>1,2</sup></b>				
<b>Prescription drug annual deductible<sup>1</sup></b>	Retail: \$115/individual Mail order: None	Individual: \$115 Two-person: \$230 Family: \$345	<b>In-network:</b> Retail: \$115/individual Mail order: None <b>Out-of-network:</b> Individual: \$115 Two-person: \$230 Family: \$345	<b>In-network:</b> Retail: \$115/individual Mail order: None <b>Out-of-network:</b> Individual: \$115 Two-person: \$230 Family: \$345
<b>Prescription drug annual out-of-pocket maximum<sup>1</sup></b>	Retail and mail order: \$1,700/individual (excludes deductible)	None	<b>In-network</b> (retail and mail order): \$1,700/individual (excludes deductible) <b>Out-of-network:</b> None	<b>In-network</b> (retail and mail order): \$1,700/individual (excludes deductible) <b>Out-of-network:</b> None

	Point of Service (POS)		Traditional Indemnity (TI)	UnitedHealthcare Group Medicare Advantage (PPO)
	In-network	Out-of-network		
<b>Retail copayments<sup>3</sup></b> (up to a 30-day supply using an in-network pharmacy)	Generic: \$14 Preferred brand: \$60 Nonpreferred brand: \$95	Plan pays 70% after deductible is satisfied	<b>In-network:</b> Generic: \$14 Preferred brand: \$60 Nonpreferred brand: \$95 <b>Out-of-network:</b> Plan pays 70% after deductible is satisfied	<b>In-network:</b> Generic: \$14 Preferred brand: \$60 Nonpreferred brand: \$95 <b>Out-of-network:</b> Plan pays 70% after deductible is satisfied
<b>Mail-order copayments</b> (up to a 90-day supply)	Generic: \$35 Preferred brand: \$150 Nonpreferred brand: \$237.50	Not applicable	<b>In-network:</b> Generic: \$35 Preferred brand: \$150 Nonpreferred brand: \$237.50 <b>Out-of-network:</b> Not applicable	<b>In-network:</b> Generic: \$35 Preferred brand: \$150 Nonpreferred brand: \$237.50 <b>Out-of-network:</b> Not applicable
<b>Member pays the difference</b>	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			

<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, TI and UnitedHealthcare Group Medicare Advantage (PPO) 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 copays 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 or at any Costco Pharmacy. Note the following state exceptions to the doubling of copays: **FLORIDA:** Participants residing in Florida can also obtain 90-day supplies of medications taken on an ongoing basis at any in-network retail pharmacy that fills 90-day supplies. **MINNESOTA:** Participants residing in MN also have access to an expanded list of pharmacies from which to obtain 90-day supplies of medications they take on an ongoing basis. Sign into Caremark.com to find an in-network participating pharmacy. **OKLAHOMA:** Participants residing in or filling their prescriptions in Oklahoma can also obtain 90-day supplies of medications taken on an ongoing basis at any in-network retail pharmacy that fills 90-day supplies. **TENNESSEE:** Participants residing in Tennessee also have access to an expanded list of pharmacies from which to obtain 90-day supplies of medications they take on an ongoing basis. Sign into Caremark.com to find an in-network participating pharmacy. **WEST VIRGINIA:** Participants residing in West Virginia will have access to an expanded list of pharmacies from which to obtain 90-day supplies of medications they take on an ongoing basis. Sign into Caremark.com to find a participating pharmacy.

## Important information about coverage for specialty medications

Your CVS Caremark prescription drug coverage includes the PrudentRx Copay Program, a cost-saving program for certain specialty medications. Specialty medications on the PrudentRx Copay Program Drug List are subject to a 30% coinsurance payment, after any applicable prescription drug program deductible is satisfied. However, members who participate in PrudentRx will pay \$0 for prescriptions on the PrudentRx Copay Program Drug List.

If you or a covered family member takes one or more specialty medications on the PrudentRx Copay Program Drug List, you will receive a letter from PrudentRx with information about the program. You must call PrudentRx to register for any manufacturer copayment assistance program available for a covered specialty medication or to opt out. If you do not enroll in an available manufacturer copayment assistance program or if you opt out, you will pay the full 30% coinsurance amount for your specialty medication. For more information, refer to the letter you receive from PrudentRx or call 1-800-578-4403, from 8:00 a.m. to 8:00 p.m., ET, Monday through Friday.

**Remember: You may not be eligible for all of the coverage options shown in the table above.**

# Dental

	Traditional option
<b>Annual deductible</b>	\$25/individual; applies to non-preventive services <b>only</b>
<b>Diagnostic and preventive care</b> (for example: exams, cleanings and routine X-rays)	Plan pays 100% of reasonable and customary (R&C) charges
<b>Minor restorative services</b> (for example: fillings)	Plan pays covered expenses based on a geographic schedule <sup>4</sup>
<b>Major restorative services</b> (for example: crowns)	Plan pays covered expenses based on a geographic schedule <sup>4</sup>
<b>Orthodontia</b>	Plan pays covered expenses based on a geographic schedule, <sup>4</sup> up to a lifetime maximum of \$1,500/individual
<b>Annual maximum benefits</b>	\$1,500/individual


<sup>4</sup>Geographic schedules can be found in the *Nokia Dental Expense Plan for Retired Employees Summary Plan Description* on the BenefitAnswers Plus website.

## Questions?

For questions about dental coverage, please contact Aetna at [www.aetna.com](http://www.aetna.com) or 1-800-220-5470. The group number is 700140.

# Resource contact information

For information about your benefits coverage, contact these resources.

Where	What you will find
<b>Nokia resources</b>	
<p><a href="https://digital.alight.com/nokia">digital.alight.com/nokia</a></p> <p>24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., ET</p> <p>You may also access the YBR website via the Alight Mobile app. To download the app on your mobile device:</p> <ul style="list-style-type: none"> <li>• Scan the code at right,</li> <li>• Go to the <a href="#">App Store</a> or <a href="#">Google Play</a> and search for “Alight Mobile” or</li> <li>• Visit <a href="https://alight.com/app">alight.com/app</a>.</li> </ul>  <p>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.</p>	<p><b>The Your Benefits Resources (YBR) website</b></p> <ul style="list-style-type: none"> <li>• View your current coverage</li> <li>• Review and compare your 2025 healthcare options and contribution costs</li> <li>• Enroll in coverage for 2025</li> <li>• Make changes to your default coverage for 2025</li> <li>• Opt out of your 2025 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>
<p>1-888-232-4111 (TTY 711)</p> <p>(1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada)</p> <p>9:00 a.m. to 5:00 p.m., ET, Monday through Friday</p>	<p><b>Nokia Benefits Resource Center</b></p> <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 2025</li> <li>– Make changes to your default coverage for 2025</li> <li>– Opt out of your 2025 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>
<p><a href="https://www.benefitanswersplus.com">www.benefitanswersplus.com</a></p>	<p><b>The Nokia BenefitAnswers Plus website</b></p> <ul style="list-style-type: none"> <li>• Get your enrollment materials</li> <li>• Find answers to your benefit 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>

Where	What you will find
<b>UnitedHealthcare — medical</b>	
<b>Group Medicare Advantage (PPO):</b> <a href="https://retiree.uhc.com/nokia">retiree.uhc.com/nokia</a> 1-888-980-8117 (TTY 711) <ul style="list-style-type: none"> <li>During Medicare annual open enrollment (October 15 – December 7): 8:00 a.m. to 8:00 p.m., local time, seven days a week</li> <li>Outside of Medicare annual open enrollment: 8:00 a.m. to 8:00 p.m., local time, Monday through Friday</li> </ul> <b>POS:</b> 1-800-577-8539 <b>TI:</b> 1-800-577-8567 Representatives are available 7:00 a.m. – 10:00 p.m., Central Time (CT), Monday through Friday, excluding holidays Self-service available 24 hours a day, 7 days a week, to check on claim receipt or eligibility, or to request a provider listing <a href="https://www.myuhc.com">www.myuhc.com</a>	<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>
<b>UnitedHealthcare — additional medical support for the Group Medicare Advantage (PPO) option</b>	
<b>Amwell:</b> <a href="https://patients.amwell.com/">https://patients.amwell.com/</a> <b>Doctor On Demand:</b> <a href="https://doctorondemand.com/">https://doctorondemand.com/</a> <b>Teladoc:</b> <a href="https://www.teladochealth.com/">https://www.teladochealth.com/</a> 1-800-Teladoc (1-800-835-2362)	<b>24/7 virtual doctor visits</b> <ul style="list-style-type: none"> <li>Available at no cost to covered members</li> <li>Talk with a doctor about your medical concerns using your computer, tablet or smartphone anytime</li> <li>Access virtual visits with Amwell and Doctor On Demand®, and virtual and phone visits with Teladoc Health</li> </ul>
Your plan covers several additional resources and services designed to support your health and wellbeing. For information, call UnitedHealthcare at 1-888-980-8117 (TTY 711), visit <a href="https://retiree.uhc.com/nokia">retiree.uhc.com/nokia</a> , or refer to your Evidence of Coverage.	
<b>UnitedHealthcare — additional medical support for the POS and TI options</b>	
<a href="https://www.myuhc.com">www.myuhc.com</a> Call the phone number on the back of your medical ID card 24 hours a day, 7 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="https://www.myoptumhealthcomplexmedical.com">www.myoptumhealthcomplexmedical.com</a> 1-866-936-6002 7:00 a.m. to 7:00 p.m., 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="https://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 (CHD) Program</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="https://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="https://www.liveandworkwell.com">www.liveandworkwell.com</a> <b>POS:</b> 1-800-577-8539 <b>TI:</b> 1-800-577-8567	<b>UnitedHealthcare Mental Health and Chemical Dependency</b> <ul style="list-style-type: none"> <li>Understand how your mental health and chemical dependency coverage works</li> <li>Access claims information</li> </ul>

Where	What you will find
<b>CVS Caremark prescription drug coverage</b>	
<a href="http://Caremark.com">Caremark.com</a> 1-800-240-9623 24 hours a day, 7 days a week	<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 8:30 a.m. to 8:30 p.m., ET, Monday through Friday	<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>
<a href="https://www.prudentrx.com/prudentes">https://www.prudentrx.com/prudentes</a> (list of covered specialty medications; updated monthly) 1-800-548-4403 8:00 a.m. to 8:00 p.m., ET, Monday through Friday	<b>PrudentRx Copay Program</b> <ul style="list-style-type: none"> <li>• Talk with a PrudentRx Advocate for information about the program and to complete your enrollment</li> <li>• Order and refill prescriptions for covered specialty medications and specialty limited distribution drugs at no cost to you</li> <li>• Check order status</li> <li>• Pick up prescriptions or have them shipped to you</li> </ul>
<b>Aetna Dental</b>	
<a href="http://www.aetna.com">www.aetna.com</a> 1-800-220-5470 Group number: 700140	<b>Traditional option</b> <ul style="list-style-type: none"> <li>• Understand how your dental coverage works</li> <li>• Access claims information</li> </ul>
<b>MetLife</b>	
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 the online beneficiary designation process</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 as of December 31, 2012
<b>Other resources (union contacts)</b>	
1-202-434-1301 Email: <a href="mailto:bsawyer@cwa-union.org">bsawyer@cwa-union.org</a>	<b>CWA Staff Representative — Brian Sawyer</b> <ul style="list-style-type: none"> <li>• Not a representative of the Nokia medical plan</li> <li>• Assists former union members</li> </ul>
1-610-413-9772 Email: <a href="mailto:rml1949@hotmail.com">rml1949@hotmail.com</a>	<b>IBEW Managed Care Program Coordinator — Robert Longenecker</b> <ul style="list-style-type: none"> <li>• Not a representative of the Nokia medical plan</li> <li>• Assists former union members</li> </ul>



# 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”) (each a part of the Nokia Retiree Welfare Benefits Plan), 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, subject to the terms of applicable collective bargaining agreements. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the Company. The Company cannot be bound by statements about the plans made by unauthorized personnel. 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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