

2019 enrollment action guide



For Participants in the Management Retiree Plan Design*

*Including COBRA participants and survivors in the Family Security Program (FSP).

2019 annual open enrollment period

Important: This guide is intended for multiple audiences. Some information in this guide may not apply to you. Please refer to the Your Benefits Resources™ (YBR) website during your annual open enrollment period to review Nokia health and welfare benefits eligibility for you and your dependents.

Online-Only Enrollment Period: September 24, 2018 – September 30, 2018

You may enroll in and/or change your 2019 Nokia health and welfare benefits coverage elections on the YBR website at <http://resources.hewitt.com/nokia> beginning Monday, September 24, 2018, at 9:00 a.m., Eastern Time (ET), through Sunday, September 30, 2018. **During this time, you may view your 2019 coverage and costs, as well as enroll in or make changes to your 2019 coverage — online only — using the YBR website.**

You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2019 coverage, or to ask questions about your 2019 plan options and pricing, until Monday, October 1, 2018, at 9:00 a.m., ET.

Online and Phone Enrollment Period: October 1, 2018 – October 12, 2018

You may enroll in and/or change your 2019 Nokia health and welfare benefits coverage elections online on the YBR website or by calling the Nokia Benefits Resource Center starting on Monday, October 1, 2018, at 9:00 a.m., ET, through Friday, October 12, 2018, at 5:00 p.m., ET.

You must take action before Friday, October 12, 2018, at 5:00 p.m., ET. Late enrollments will not be accepted.

Prepare to make your benefits decisions by reading the sections below.

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See what's new with your benefits this year.		If you do need to take action, visit the YBR website.		Nokia does not discriminate in the provision or administration of retiree healthcare benefits.	
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Find out if you should enroll or make changes for 2019.		Things to keep in mind during the annual open enrollment period — and all year.		Learn about the resources available to help you manage your benefits.	
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Find out what you need to do.		Learn about how your Nokia coverage may be impacted by Medicare.			

what's changing for 2019

(This section constitutes a **Summary of Material Modifications [SMM]** to the **Summary Plan Descriptions [SPDs]** of the health and welfare benefit plans referred to herein.)

The following changes to benefits coverage under the Nokia health and welfare benefit plans (the “Plans”) will take effect on January 1, 2019.

Contribution Cost Changes

Review the YBR website at <http://resources.hewitt.com/nokia> during the annual open enrollment period for your 2019 contribution costs.

Other Changes May Apply to HMO and Medicare HMO Coverage

Unless noted, the changes in this guide do not apply to Health Maintenance Organization (HMO) and Medicare HMO options. You will need to check the YBR website during the annual open enrollment period or contact the carriers of those options directly for their 2019 coverage changes. You can find carrier contact information on the back of your HMO/Medicare HMO ID card (if you are currently enrolled) and in *Benefits At-a-Glance and Resource Contact Information 2019* on the BenefitAnswers Plus website.

Important Update: Enhanced Security for YBR Password Requests — Action Required

To further safeguard your personal information, **temporary passcodes will no longer be sent by email.** They will be provided by **telephone, text message or US postal mail.**

Do not wait until you need a new password to add your preferred telephone number to your personal information on file. Why? Because it may take up to 10 days to receive your password through the mail. Log on to the YBR website today and provide your preferred telephone number — home or mobile. Just select “Your Profile,” then “Personal Information” and enter your phone number where indicated. We recommend that you add a mobile phone number to take advantage of additional security and text messaging capabilities. (If you have elected electronic delivery of benefits communications, those communications will still be sent to your email address on file.)

If you do not have Internet access, call the Nokia Benefits Resource Center and follow the prompts for assistance.

For Medicare-Eligible Participants

Changes to the Express Scripts Medicare® (PDP) for Nokia¹

Due to adjustments made by the Centers for Medicare & Medicaid Services (CMS), the following changes to your prescription drug coverage will be effective January 1, 2019:

- The annual deductible and prescription drug cost limit will increase.
- Cost-sharing both inside and outside of the “donut hole” will change.

The table below highlights the CMS adjustments for 2019.

	2018	2019
Deductible amount	\$405	\$415
“Donut hole”	After total payments (including copayments and deductible, plus the Plan’s cost for the drugs) reach \$3,750, you pay 44% of the cost of generic drugs and 35% of the cost plus a portion of the dispensing fee for brand-name drugs, up to \$5,000.	After total payments (including copayments and deductible, plus the Plan’s cost for the drugs) reach \$3,820 , you pay 37% of the cost of generic drugs and 25% of the cost plus a portion of the dispensing fee for brand-name drugs, up to \$5,100 .
Cost-sharing outside of the “donut hole”	You pay the greater of 5% of the cost or a copayment of \$3.35 for generics/\$8.35 for brand-name drugs, per prescription, for the remainder of the year.	You pay the greater of 5% of the cost or a copayment of \$3.40 for generics/ \$8.50 for brand-name drugs, per prescription, for the remainder of the year.

While you are in the “donut hole,” either the Plan pays the rest of the costs for covered drugs or they are paid for by drug manufacturers’ discounts.

For more information about how the Plan works, see *Benefits At-a-Glance and Resource Contact Information 2019* on the BenefitAnswers Plus website.

¹Applicable to residents of any of the 50 US states, US territories or the District of Columbia *only*.

For Participants Not Eligible for Medicare²

Annual Medical Deductibles and Out-of-Pocket Maximums

Effective January 1, 2019, certain annual deductibles and out-of-pocket maximums for the Enhanced and Standard Point of Service (POS) options will increase as shown below. Changes for 2019 are in ***bold italics***.

	Enhanced POS		Standard POS	
	2018	2019	2018	2019
Medical – Annual Out-of-Network Deductible	Individual: \$650 Two-person: \$1,300 Family: \$1,950	Individual: <i>\$700</i> Two-person: <i>\$1,400</i> Family: <i>\$2,100</i>	Not applicable	Not applicable
Medical — Annual Out-of-Pocket Maximum	In-Network: <ul style="list-style-type: none"> Individual: \$1,600 Two-person: \$3,200 Family: \$4,800 Out-of-Network: <ul style="list-style-type: none"> Individual: \$4,000 Two-person: \$8,000 Family: \$12,000 (excludes deductible) 	In-Network: <ul style="list-style-type: none"> Individual: <i>\$1,650</i> Two-person: <i>\$3,300</i> Family: <i>\$4,950</i> Out-of-Network: <ul style="list-style-type: none"> Individual: <i>\$4,200</i> Two-person: <i>\$8,400</i> Family: <i>\$12,600</i> (excludes deductible) 	In-Network: <ul style="list-style-type: none"> Individual: \$4,000 Family: \$8,000 Out-of-Network: \$7,500 per person	In-Network: <ul style="list-style-type: none"> Individual: <i>\$4,500</i> Family: <i>\$9,000</i> Out-of-Network: <i>\$9,000</i> per person

²And for Medicare-eligible participants who do not reside in any of the 50 US states, US territories or the District of Columbia.

Copayments for Certain Medical Services

Effective January 1, 2019, copayments for certain covered medical services under the Enhanced and Standard POS options will increase as shown below. Changes for 2019 are in ***bold italics***.

Note that the table below shows the copayment increases for a subset of affected services. For a more complete list of medical services and their 2019 copayments, see *Benefits At-a-Glance and Resource Contact Information 2019* on the BenefitAnswers Plus website.

	Enhanced POS ³		Standard POS ³	
	2018	2019	2018	2019
Service	In-network			
Emergency Room — Emergency Use	Plan pays 100% after you pay \$65 copayment; waived if admitted	Plan pays 100% after you pay <i>\$70</i> copayment; waived if admitted	Plan pays 100% after you pay \$125 copayment; waived if admitted	Plan pays 100% after you pay <i>\$140</i> copayment; waived if admitted
Emergency Room — Nonemergency Use	Plan pays 70% after you pay \$65 copayment	Plan pays 70% after you pay <i>\$70</i> copayment	Plan pays 60%	Plan pays 60% (no change)
Inpatient Hospitalization	Plan pays 90%	Plan pays 90% (no change)	Plan pays 80% after you pay \$650 copayment per admission	Plan pays 80% after you pay <i>\$700</i> copayment per admission
Physician Office and Virtual Visits (non-preventive)	You pay \$30 copayment per visit (primary care physician or specialist)	You pay <i>\$35</i> copayment per visit (primary care physician or specialist)	Primary care physician: You pay \$20 copayment per visit Specialist: You pay \$40 copayment per visit	Primary care physician: You pay \$20 copayment per visit (no change) Specialist: You pay <i>\$55</i> copayment per visit
Service	Out-of-network			
Emergency Room — Emergency Use	Plan pays 100% after you pay \$65 copayment; waived if admitted	Plan pays 100% after you pay <i>\$70</i> copayment; waived if admitted	Plan pays 100% after you pay \$125 copayment; waived if admitted	Plan pays 100% after you pay <i>\$140</i> copayment; waived if admitted
Emergency Room — Nonemergency Use	Plan pays 70% after you pay \$65 copayment	Plan pays 70% after you pay <i>\$70</i> copayment	Plan pays 60%	Plan pays 60% (no change)
Inpatient Hospitalization	Plan pays 70% after you satisfy the deductible and pay \$250 copayment per admission	Plan pays 70% after you satisfy the deductible and pay <i>\$280</i> copayment per admission	Plan pays 60% after you pay \$250 copayment per admission	Plan pays 60% after you pay <i>\$280</i> copayment per admission

³Where coverage under a medical plan option is expressed as a percentage, it is a percentage of the provider's contracted rate (for in-network services) or of the reasonable and customary (R&C) fee (for out-of-network services).

Prior Authorization Required for Certain Services Under the Enhanced and Standard Point of Service (POS) Options

Effective January 1, 2019, if you are enrolled in the Enhanced or Standard POS option, you must obtain “prior authorization” from UnitedHealthcare to receive benefits for certain healthcare services.

What Is Prior Authorization?

Prior authorization determines whether or not a healthcare service is:

- A covered benefit under your medical plan option, and
- Medically necessary — that is, the service is provided in accordance with generally accepted standards of medical practice and is clinically appropriate, clinically effective and cost-effective.

When Is Prior Authorization Required?

Prior authorization is required when certain services are requested, and review is needed to determine if they are medically necessary (see above).

How to Obtain Prior Authorization

The process for requesting prior authorization for a proposed service will depend on whether your provider is in-network or out-of-network:

- **In-network:** Your provider will call UnitedHealthcare on your behalf. There is nothing you need to do.
 - **Exceptions:** For some in-network services, you must obtain prior authorization from UnitedHealthcare yourself. For a list of those services, log on to www.myuhc.com, select “Benefits & Coverage” and then “Coverage Documents.” To obtain prior authorization, call UnitedHealthcare at the phone number on the back of your medical plan member ID card.
- **Out-of-network:** You must call UnitedHealthcare yourself; use the phone number on the back of your medical plan member ID card.

Be sure to submit each request for prior authorization to UnitedHealthcare at least five days before the scheduled service to provide adequate time for clinical review and coverage determination.

You and your doctor will receive a letter by mail once UnitedHealthcare determines whether or not the proposed service is approved.

- If the service is approved, the service will be covered according to the provisions of your medical plan option. Please review your approval letter carefully to understand which service has been approved and where it will take place. If you have a question about the approved location, please call UnitedHealthcare to discuss.
- If the service is not approved and you choose to receive it, you will be responsible for all charges. No benefits will be paid.

Whether or not UnitedHealthcare approves a service, all decisions about your medical care are between you and your doctor.

However, keep in mind that:

- If you do not obtain prior authorization from UnitedHealthcare for a designated service as required and you receive that service, your benefits may be reduced or your claim may be denied.
- If you receive a service that is different from what was authorized, UnitedHealthcare will review your claim for coverage under your medical plan option and make a determination as to whether it is a covered benefit under your medical plan option. If you or your doctor does not agree with UnitedHealthcare’s decision, you may request a reconsideration or appeal.

For More Information

For a list of services requiring prior authorization, log on to www.myuhc.com, select “Benefits & Coverage” and then “Coverage Documents.”

You may also call the number on the back of your medical plan member ID card to confirm requirements for prior authorization, check on the status of a determination or ask questions about your determination letter.

Certain HMOs Will No Longer Be Offered to Participants Not Eligible for Medicare

Due to low enrollments and/or high premium costs, the following HMOs will not be available, effective January 1, 2019:

- BlueCross BlueShield of North Carolina
- Keystone Health Plan Central
- UnitedHealthcare Choice of Arizona
- UnitedHealthcare of California
- UnitedHealthcare of Colorado
- UnitedHealthcare of Oklahoma

If you are not Medicare-eligible and are currently enrolled in one of these HMOs, you will need to choose another medical plan option for 2019.

If you do not make a new election, you will be automatically assigned medical coverage (i.e., enrolled in default coverage) for 2019. For more information about default coverage, see “Check Your Default Coverage” on page 8.

Please note: The changes shown above affect only participants who are not eligible for Medicare. The Medicare HMOs are not changing for 2019.

Expanded Prescription Drug Coverage Management Programs

Nokia is committed to keeping the cost of your prescription drugs down while providing you with the coverage you need. With this goal in mind, Express Scripts uses coverage management programs to determine how the Prescription Drug Program will cover certain prescription drugs under the POS and Traditional Indemnity options.

Updates to the coverage management programs are made from time to time. Express Scripts will notify you if any of these programs apply to you.

check your default coverage

What Is Default Coverage?

Your default coverage is the Nokia health and welfare benefits coverage in which you and your covered dependent(s) will be enrolled automatically for 2019 if you do not take any action during the annual open enrollment period.

Because your default coverage for 2019 may in some cases be different than your 2018 coverage, it is your responsibility to confirm that your 2019 default coverage shown on the YBR website during the annual open enrollment period is the coverage that you want for 2019.

You can find your default coverage on the YBR website at <http://resources.hewitt.com/nokia> from Monday, September 24, 2018, at 9:00 a.m., ET, through Friday, October 12, 2018, at 5:00 p.m., ET, when the annual open enrollment period ends.

If you would like to have a record of your default coverage sent to you, please follow the instructions outlined in “How to Request Copies of Annual Open Enrollment Information by Telephone” on page 11.

Need a YBR Refresher?

Watch the “Get to Know Your Benefits Resources (YBR)” video on the BenefitAnswers Plus website at www.benefitanswersplus.com.

- **During annual open enrollment:** On the “Enroll in Your Benefits” page.
- **Year-round:** From the “Carriers & Other Resources” tab, select “Other Resources & Information.”

In just a few minutes, you will get a recap of the site’s key features, have the opportunity to walk through the enrollment process and more.

thinking of opting out of medical and/or dental coverage?

During the Annual Open Enrollment Period

- You have the option to opt out of your coverage during the annual open enrollment period on the YBR website at <http://resources.hewitt.com/nokia>, regardless of your Medicare eligibility.
- When you opt out of medical (which includes prescription drug) coverage, you can still keep your dental coverage, and vice versa.
- You may be eligible to opt back in to medical (which includes prescription drug) coverage and/or dental coverage without the requirement of a physical during a future annual open enrollment period or if you have a qualified status change.

Attention Family Security Program (FSP) Survivors

- You cannot add new dependents to your Nokia medical coverage at any time.
- If you drop or lose Nokia medical coverage for any reason at any time, you can **never** re-enroll.

Outside of the Annual Open Enrollment Period

- You can drop coverage at any time during the year.
- When you drop medical (which includes prescription drug) coverage, you can still keep your dental coverage, and vice versa.
- You will only be able to re-enroll during a future annual open enrollment period or if you have a qualified status change.
- To drop coverage outside of the annual open enrollment period, call the Nokia Benefits Resource Center.
 - **If you are Medicare-eligible:** Enrolling in a private insurer's Medicare Part C or Medicare Part D option **does not** automatically disenroll you from Nokia medical (which includes prescription drug) coverage. Your enrollment in Nokia coverage is regulated by the Centers for Medicare & Medicaid Services (CMS), so the Nokia Benefits Resource Center will notify you of the earliest possible effective date for disenrollment (based on CMS guidelines). Please note that if you disenroll from Nokia medical coverage, you will also be disenrolled from prescription drug coverage. For more information about Medicare, see "What You Need to Know About Medicare" on page 15.

how to take action

If you decide to change your default coverage and take action during the annual open enrollment period, do it easily through the YBR website at <http://resources.hewitt.com/nokia>. Keep in mind that this year, you can make your elections on the YBR website beginning on September 24, 2018. (You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2019 coverage, or with questions about your 2019 plan options and pricing, until Monday, October 1, 2018, at 9:00 a.m., ET.)

Remember: You must take action before Friday, October 12, 2018, at 5:00 p.m., ET. Late enrollments will not be accepted.

Using YBR

Before you begin, make sure you have your User ID and password ready, along with any information — including Social Security Number(s) — for any new eligible dependent(s) you may be adding to your coverage.

Have You Forgotten Your YBR Website User ID and/or Password?

If so, go to the YBR website, select “**Forgot User ID or Password?**” and follow the prompts to get a new one(s).

A one-time access code will be provided to you by telephone or text message as applicable (if you previously added your preferred telephone number — home or mobile — to the YBR website). You may also answer your security questions if you have previously completed them. If none of these are on file with YBR, you will need to request a temporary password be sent to you by US mail. **It may take up to 10 days to receive your password through the mail.**

If you do not have Internet access, call the Nokia Benefits Resource Center at 1-888-232-4111 and follow the prompts for assistance.

Then, when you are ready to begin, keep in mind these helpful hints:

- **Set aside enough time** to complete the enrollment process without interruption. After 15 minutes of inactivity on the YBR website, you will automatically be logged off and any elections made up to that point will not be saved.
- **The first time you log on from a particular device**, you will be prompted to choose and answer a series of security questions. This will register your device with the YBR website and provide additional protection for your personal information.
- **You have the option to choose** how you would prefer to receive communications from the Nokia Benefits Resource Center. Click the “Go Paperless” tile under “Highlights for You.” Follow the prompts to choose your preferred method of delivery (electronically or postal mail) and verify your contact information. **Please note:**
 - Communications delivered electronically will get to you faster, while communications delivered by mail may take up to 10 days.
 - Your election for receipt of communications on the YBR website will not affect the method of delivery for your annual open enrollment kit. If you would like to have a copy of your annual open enrollment kit mailed to you, please follow the instructions outlined in “How to Request Copies of Annual Open Enrollment Information by Telephone” on page 11.

Do You Need to Take Action?

You may already be enrolled in the right coverage for yourself and your family and may not need to take any action during the annual open enrollment period. However, you will need to take action to:

- Choose coverage other than your default coverage see “Check Your Default Coverage” on page 8);
- Add⁴ or remove dependent(s) from coverage;
- Enroll in a Point of Service (POS) medical option, if a POS option is not shown as an available option on the YBR website and you are eligible to enroll in a POS option; and/or
- Make any other changes to your 2019 health and welfare benefits coverage.

If you do not take action during the annual open enrollment period, you will receive the default coverage shown on the YBR website during the annual open enrollment period.

⁴Make sure your dependents are eligible under the Nokia eligibility rules before you add them to your coverage. You can view eligibility rules on the YBR website. You will be asked to verify the eligibility of the dependent(s) you enroll for coverage.

- **Review your dependent(s) on file for each of your benefit plans** — and make any updates or corrections.
- **Click “Complete Enrollment”** when you are done making your elections or if you must log off the YBR website before completing your elections — otherwise, your elections made up to that point will not be saved. You can log back on and make any additional changes before your enrollment deadline (Friday, October 12, 2018, at 5:00 p.m., ET) even if you have already completed your enrollment.
- **You may save or print your elections** if you like. To do so, save or print the “Completed Successfully!” page for your records when you are finished taking action.
- **Log off the YBR website** when you are finished to prevent others from viewing your information. When “You’ve Logged Off” appears on the screen, you will know your information is protected.
- **Watch for your enrollment confirmation** in your email. If you have a preferred email address on file, a detailed confirmation of enrollment statement will be emailed to you after you have completed your enrollment on YBR. The statement will show all your benefit elections as well as their monthly costs. Be sure to save it for your records.

How to Request Copies of Annual Open Enrollment Information by Telephone

The easiest and most convenient way to access the information you need to enroll continues to be through the YBR website at <http://resources.hewitt.com/nokia> during the annual open enrollment period. However, if you do not have Internet access, or if you have Internet access but prefer to have a copy of the enrollment information sent to you, you must make your request through the Nokia Benefits Resource Center’s automated system **only**.

Like YBR, the automated telephone system is easy and convenient to use. **Starting September 24, 2018**, just follow these three simple steps:

1. Call the Nokia Benefits Resource Center at 1-888-232-4111.
2. When prompted, enter the last four digits of your Social Security Number and your date of birth (mm-dd-yyyy). (You may also be prompted to enter your ZIP code.) No password required!
3. Anytime during the “It’s annual enrollment time!” greeting, say “annual enrollment” and then:
 - To request a copy of your annual open enrollment kit, say “request enrollment kit,” or
 - To request a copy of your default coverage record, say “send enrollment confirmation.” Your default coverage record is a record of the coverage that is currently on file with the Nokia Benefits Resource Center and that will be in place for you on January 1, 2019, if you **do not** make any changes during annual open enrollment.

The copy(ies) that you have requested will be mailed to your address on file within seven to 10 business days.

Note that if you have signed up to receive communications from the Nokia Benefits Resource Center electronically, the copy of your default coverage record will be sent to your Secured Participant Mailbox on YBR within one business day. Annual open enrollment kits are always sent via US Postal Service mail.

important reminders

Take note of the following for the annual open enrollment period — and all year.

Medical Option-Specific Reminders

Concerning the UnitedHealthcare® Group Medicare Advantage (PPO)

- **Re-enrolling, or enrolling in the UnitedHealthcare Group Medicare Advantage (PPO) for the first time?** CMS requires that you provide a street address, and not a P.O. Box, in order to process your enrollment in this option.
 - After annual open enrollment ends, UnitedHealthcare will mail additional information, along with new member ID cards, to **all** UnitedHealthcare Group Medicare Advantage (PPO) members for 2019. (If you are re-enrolling, your group number will not change.)
 - **If you are re-enrolling in the UnitedHealthcare Group Medicare Advantage (PPO):** You will **not** receive a new prescription drug member ID card from Express Scripts. Continue to use your current ID card in 2019.
 - **If you are enrolling in the UnitedHealthcare Group Medicare Advantage (PPO) for the first time:** You will receive a new prescription drug member ID card from Express Scripts by January 1.

Contributions for Nokia health and welfare coverage are either deducted from monthly pension payments or directly billed.

Retirees who want to switch from direct billing to pension deductions should call the Nokia Benefits Resource Center.

Participants who are directly billed may go to the YBR website to elect the Direct Debit or Pay Now method of payment.

Concerning the POS and Traditional Indemnity Medical Plan Options

- **Re-enrolling, or enrolling in the Enhanced POS, Standard POS or Traditional Indemnity option (all of which include prescription drug coverage) for the first time? Here is what you need to know about your member ID cards.**
 - If you are re-enrolling, continue to use your current member ID cards for medical services and prescription drugs in 2019. You will not receive new member ID cards.
 - If you are enrolling for the first time, you will receive new member ID cards from the carriers by January 1.
 - If you have not received your new cards by January 1, or if you have misplaced your cards and need new ones, you may print them out from the applicable carrier's website:
 - ♦ Medical (UnitedHealthcare): www.myuhc.com
 - ♦ Prescription drug (Express Scripts): www.express-scripts.com
- **Is a POS option not listed as a coverage option on the YBR website?** You may live in an area with limited access to doctors and hospitals in a POS network. If a POS option is not shown as an available option on the YBR website at <http://resources.hewitt.com/nokia> and you are not eligible for Medicare, you can still enroll in a POS option if you are comfortable with the distance between you and POS network doctors and hospitals. If you are currently enrolled in a POS option for 2018 under these circumstances, your POS coverage **will not** automatically carry over to 2019. You must take action to re-enroll.
 - **If you are eligible to enroll in a POS option for 2019 and it is not listed as a coverage option on the YBR website, call the Nokia Benefits Resource Center at 1-888-232-4111 during the annual open enrollment period to enroll. Please note: POS options are not available to survivors in the Family Security Program (FSP).**

- **Looking for an in-network UnitedHealthcare POS provider?** Use the information below when you are looking for an in-network POS provider on the UnitedHealthcare website (remember, you can also find in-network providers using the YBR website):
 - On www.myuhc.com, click “Find Physician, Laboratory or Facility” and then choose your plan. If you live in Maine, Massachusetts or New Hampshire, choose “UnitedHealthcare Choice Plus with Harvard Pilgrim”; if you live in any other state, choose “UnitedHealthcare Choice Plus.”
- **Manage your health with Rally®.** Your UnitedHealthcare medical plan option gives you access to Rally, a user-friendly digital experience on myuhc.com® that will engage you by using technology, gaming and social media to help you understand, learn about and support you on your health journey. Rally offers personalized recommendations to help you and your covered family members make healthier choices and build healthier habits, one small step at a time. You can access Rally at www.myuhc.com from your computer, tablet or smartphone anytime.

Concerning an HMO/Medicare HMO

- **Re-enrolling, or enrolling in an HMO/Medicare HMO for the first time?** Contact the HMO/Medicare HMO for any questions about member ID cards. You can find contact information on the back of your HMO/Medicare HMO ID card (if you are currently enrolled) and in *Benefits At-a-Glance and Resource Contact Information 2019* on the BenefitAnswers Plus website.

Dental Option-Specific Reminders

- **Re-enrolling, or enrolling in a dental plan option for the first time?** Aetna does not issue dental member ID cards; you do not need to present an ID card to receive services under the plan. However, if you would like to have a member ID card, you can print one out from www.aetna.com.
- **If you are eligible for dental coverage but the DMO option is not listed as a coverage option on the YBR website:** You may live in an area with limited access to dentists in the DMO network. If the DMO option is not shown as an available option on the YBR website at <http://resources.hewitt.com/nokia>, you can still enroll in it if you are comfortable with the distance between you and the dentists who participate in the DMO network. If you are currently enrolled in the DMO option for 2018 under these circumstances, your DMO coverage **will not** automatically carry over to 2019. **You must take action. To re-enroll, call the Nokia Benefits Resource Center at 1-888-232-4111 during the annual open enrollment period.**

General Reminders

- **Are you dropping a dependent from coverage? Here is what you should know about COBRA.** COBRA continuation coverage is not offered to dependents removed from coverage during the annual open enrollment period. If your dependent is experiencing a qualified status change and you remove him or her from your coverage during the annual open enrollment period, your dependent will not be eligible for COBRA continuation coverage. For a dependent to be eligible for COBRA, you must remove the dependent experiencing a qualified status change through the “Life Events” section on the YBR website (or by calling the Nokia Benefits Resource Center) within 31 days of the qualified status change.
- **Keep in mind: Changes in your doctor’s or healthcare provider’s network participation are not considered qualified status changes.** Medical carriers’ contracts with network providers may expire at any time during the year. You cannot make changes to your coverage and/or add/drop dependents outside of the annual open enrollment period due to these types of changes. Visit the YBR website at <http://resources.hewitt.com/nokia> (select the “Life Events” tab) for more information about qualified status changes.

- **Interested in the Vision Discount Program or the other “voluntary benefits” offered by Added Benefits?** Keep the following in mind:
 - **Vision Discount Program:** As a Nokia retiree, the Vision Discount Program is automatically available to you at **no cost**, and enrollment is not required. You can enjoy discounts on a wide variety of eye care services, including comprehensive eye exams, eyeglasses, contact lenses and LASIK surgery at participating providers. You can also print your Vision Discount Program ID card from www.addedbenefitsaccess.com.
 - **Identity theft protection services, auto and home insurance and pet insurance:** You may also be eligible for these additional voluntary benefits. You can enroll in or drop these coverages anytime during the year.

To learn more or to enroll, visit www.addedbenefitsaccess.com or call Added Benefits at 1-800-622-6045.

As a reminder, Nokia does not make any endorsement of or representation regarding any product or service provided under any voluntary benefits program. Note that the enrollment information in this guide does not apply to your voluntary benefits.

- **If you are eligible for Medicare: You have received — or will receive — a new Medicare ID card.** As a reminder, Federal law requires that Social Security Numbers (SSNs) be removed from Medicare ID cards. To comply, the Centers for Medicare and Medicaid Services (CMS) has implemented the SSN Removal Initiative (SSNRI). Under the SSNRI, the Social Security-based Health Insurance Claim Number (HICN) is being replaced by a Medicare Beneficiary Identifier (MBI) — a unique, randomly assigned string of numbers and letters — on all Medicare ID cards. CMS began mailing new ID cards in April 2018 and is scheduled to complete the process by April 2019.
- **Do you receive a Form W-2?** The Affordable Care Act (ACA; healthcare reform) requires that employers disclose the value of the employer-provided benefit for health insurance coverage on each participant's Form W-2.
- **You may receive the ACA-required Form 1095-C.** The ACA requires that employers provide Form 1095-C to certain (but not all) plan participants each year. The form serves as proof that you met the ACA's requirement for having qualifying healthcare coverage during the year. Employers must provide forms for the 2018 tax year to participants, as applicable, no later than January 31, 2019.
- **Be sure your beneficiaries are up to date.** Take care of the people who matter most. Use this annual open enrollment opportunity to review, add or update your beneficiary designation(s) on file. Visit the BenefitAnswers Plus website at www.benefitanswersplus.com for information.
- **Review your permanent address on file.** As a reminder, the Nokia Benefits Resource Center recognizes your permanent address on file as your mailing address. That address also determines your eligibility for some benefit plan options. To confirm or update your permanent address on file, call the Nokia Benefits Resource Center.
- **The Nokia Health Plans Notice of Privacy Practices is available on the BenefitAnswers Plus website.** Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Nokia health plans are required to provide you with a notice about their privacy practices, their legal duties and your rights concerning your health information. You can find this notice among your annual open enrollment materials on the BenefitAnswers Plus website at www.benefitanswersplus.com.

Help Us Go Green(er)!

As part of our commitment to the environment, we will continue to provide more of your benefits information online instead of in print. So if you have not yet signed up to receive communications from the Nokia Benefits Resource Center electronically, please take a few moments to do so now.

You do not need to wait until annual open enrollment to choose this option. Just log on to the YBR website anytime. Select “Your Profile” and click “Personal Information.” Follow the steps to provide your preferred email address and update your preferred method of delivery.

what you need to know about Medicare

Your Nokia medical and prescription drug coverage may be impacted by Medicare. Take note of these details if you and/or your dependent(s) are Medicare-eligible.

Nokia Coverage Options When You Are Medicare-Eligible But Your Dependent Is Not (and Vice Versa)

In most cases, covered dependent(s) must be enrolled in the same Nokia medical option and with the same healthcare carrier that you choose for yourself. However, there are exceptions:

If You Are Medicare-Eligible

If you enroll in the following medical option...	Then coverage for you and your Medicare-eligible dependent(s) will be...	And coverage for your dependent(s) not eligible for Medicare will be...
UnitedHealthcare Group Medicare Advantage (PPO)	UnitedHealthcare Group Medicare Advantage (PPO) and the Express Scripts Medicare (PDP) for Nokia	Enhanced Point of Service (POS) medical and Express Scripts prescription drug coverage, if there is a UnitedHealthcare Enhanced POS in your area — otherwise, Traditional Indemnity medical and Express Scripts prescription drug coverage
Medicare Health Maintenance Organization (HMO)	Medicare HMO, with Medicare HMO prescription drug coverage	HMO, with HMO prescription drug coverage

If You Are Not Eligible for Medicare

If you enroll in the following medical option...	Then coverage for you and your dependent(s) not eligible for Medicare will be...	And coverage for your Medicare-eligible dependent(s) will be...
Enhanced or Standard Point of Service (POS)	Enhanced or Standard POS medical and Express Scripts prescription drug coverage	Traditional Indemnity, with Medicare primary, and the Express Scripts Medicare (PDP) for Nokia
Traditional Indemnity	Traditional Indemnity medical and Express Scripts prescription drug coverage	Traditional Indemnity, with Medicare primary, and the Express Scripts Medicare (PDP) for Nokia
Health Maintenance Organization (HMO)	HMO, with HMO prescription drug coverage	Medicare HMO, with Medicare HMO prescription drug coverage

You Must Be Entitled to Medicare Part A and Enrolled in Medicare Part B

Under the Nokia plan provisions, Medicare-eligible participants must be entitled to Medicare Part A and enrolled in Medicare Part B to receive benefits coverage through the Plan. Medicare Part A offers hospitalization benefits. Medicare Part B offers medical benefits, such as doctor and ambulance services.

You may become automatically enrolled in Medicare Part B if you receive Social Security benefits. When you are enrolled in Medicare Part B, you will pay a monthly premium cost for coverage and may also be required to pay a monthly contribution for the Nokia retiree healthcare coverage that you choose. Check with Medicare for information about your personal situation.

Medicare Part C Medical Options — What You Should Know

- **Medicare Advantage Preferred Provider Organization (PPO) plans (like the UnitedHealthcare Group Medicare Advantage [PPO]) and Medicare HMOs are “Medicare Part C” options.** By enrolling in one of these medical options, you agree to receive standard Medicare Part A and Medicare Part B services through that medical option.
- **If you enroll (or continue coverage) in a Medicare HMO offered by the Plan, you will receive prescription drug coverage directly through that Medicare HMO.** Plan designs vary. You must go to hospitals, doctors, pharmacies and other providers in the Medicare HMO’s network to receive coverage.
- **Shortly after enrolling in a Medicare HMO through the YBR website or the Nokia Benefits Resource Center, you may receive form(s) in the mail from the Nokia Benefits Resource Center.** Complete the form(s) with your personal information, Medicare information and signature, and return them to the Nokia Benefits Resource Center by the deadline stated on the form(s) to avoid any delays in receiving coverage.
- **Other Medicare HMO and Medicare Part C options may be available to you from other private insurers.** You cannot be enrolled in more than one Medicare Part C plan option at the same time. Enrolling in a private insurer’s Part C plan does not automatically cancel any Nokia coverages you may have defaulted to or enrolled in during the annual open enrollment period. You must call the Nokia Benefits Resource Center to disenroll from your Nokia medical and prescription drug coverage if you want to enroll in a private insurer’s Part C plan outside of the Company-sponsored Plan during the year.
- **Medicare HMO contribution costs will be final in December.** Because the Medicare HMOs require approval by CMS, the final plan designs and contribution costs will not be available to the Nokia Benefits Resource Center during the annual open enrollment period. It is expected that the Nokia Benefits Resource Center will have the final plan designs and contribution costs in December. If you decide to enroll in a Medicare HMO during the Nokia annual open enrollment period and the contribution cost is later reduced, you will receive written notification. The contribution cost will not be higher than what is shown on the YBR website during the annual open enrollment period.

Enrollment and Disenrollment Are Not Solely Within the Control of Nokia and Rely Heavily on Decisions Made by CMS

If you are Medicare-eligible, at any time during the year, you can disenroll from or switch between the UnitedHealthcare Group Medicare Advantage (PPO) and Medicare HMO options offered by the Plan by calling the Nokia Benefits Resource Center at 1-888-232-4111. However, CMS approval is required. As a result, all elections and effective dates of coverage are driven by CMS. To determine which Medicare HMOs are available to you through the Plan, review the YBR website at <http://resources.hewitt.com/nokia> during the annual open enrollment period.

Other Medicare Part D Plans May Be Available to You

If you enroll in a Medicare Part D prescription drug plan other than the Company-sponsored Express Scripts Medicare (PDP) for Nokia, then you are making the choice to opt out of the Nokia plan's prescription drug coverage. This means that all of the following apply:

- Your Nokia prescription drug coverage will no longer pay any portion of your prescription medications — even if the Medicare Part D coverage does not pay for a claim.
- You and/or your dependent(s) who have enrolled in another Medicare Part D plan will need to begin paying premium costs to the new Medicare Part D provider for Medicare Part D coverage.
- Your contribution costs, if any, for coverage under the Nokia plan will not be adjusted. Nokia cannot provide varying contribution structures, **so you will continue to pay the same contribution costs** as someone who still has prescription drug coverage under the Nokia plan.
- Nokia prescription drug coverage will continue to cover any Medicare-eligible dependent(s) who have not enrolled in another Medicare Part D plan.

Find Out More Details About Medicare

Review details about Medicare Parts A, B, C and D — including premium costs and any applicable deductibles, copayments and other costs — in the Medicare & You handbook mailed to all Medicare households each fall. It is also available on the Medicare website at www.medicare.gov or by calling Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486 2048), 24 hours a day, seven days a week.

nondiscrimination notice

Notice Regarding Nondiscrimination in the Provision and Administration of Retiree Group Healthcare Benefits

Nokia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in the provision or administration of benefits under its group healthcare programs for retirees. In this regard, in accordance with Section 1557 of the Affordable Care Act, Nokia does not exclude people or treat them differently for purposes of its retiree healthcare programs or the administration of such programs because of race, color, national origin, age, disability or sex. Nokia also provides, upon request and free of charge:

- Appropriate auxiliary aids and services to people with disabilities to communicate effectively with Nokia and program administrators, including, for example, written information in other formats (large print, audio, accessible electronic formats or other formats), and
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you believe you have been discriminated against, or if you need the above services, contact Nokia's Equal Opportunity Investigator: Brenda Sitton, 601 Data Drive, Room 28021, Plano, TX 75075; 469-991-2197; brenda.sitton@nokia.com.

Note: This contact is ONLY for assistance with federal nondiscrimination and accessibility requirements as they apply to the Nokia Medical Expense Plan for Retired Employees. If you have any other questions about your Nokia-provided health and welfare benefits, **contact the Nokia Benefits Resource Center at 1-888-232-4111.**

If you believe that Nokia has failed to provide those services or has discriminated in another way on the basis of race, color, national origin, age, disability or sex in its provision and administration of benefits under its group healthcare programs for retirees, you can file a grievance with the above person. Your grievance must be in writing and can be submitted by mail, fax or email. Grievances must be submitted within 60 days of your becoming aware of the alleged discriminatory action.

If you need help filing a grievance, the above person or entities are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

ATENCIÓN: Si habla **español**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 469-991-2197 (brenda.sitton@nokia.com).

請注意：如果您說中文，我們免費為您提供語言協助服務請致電：469-991-2197 (brenda.sitton@nokia.com)。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 469-991-2197 (brenda.sitton@nokia.com).

알림: **한국어**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다.
469-991-2197 (brenda.sitton@nokia.com) 번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 469-991-2197 (brenda.sitton@nokia.com).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском**. Позвоните по номеру 469-991-2197 (brenda.sitton@nokia.com).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
469-991-2197 (رقم هاتف الصم والبكم: 469-991-2197) (brenda.sitton@nokia.com)

ATANSYON: Si w pale **Kreyòl ayisyen**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 469-991-2197 (brenda.sitton@nokia.com).

ATTENTION: Si vous parlez **français**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 469-991-2197 (brenda.sitton@nokia.com).

UWAGA: Jeżeli mówisz po **polsku**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 469-991-2197 (brenda.sitton@nokia.com).

ATENÇÃO: Se você fala **português**, contate o serviço de assistência de idiomas gratuito. Ligue para 469-991-2197 (brenda.sitton@nokia.com).

ATTENZIONE: in caso la lingua parlata sia l'**italiano**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 469-991-2197 (brenda.sitton@nokia.com).

ACHTUNG: Falls Sie **Deutsch** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 469-991-2197 (brenda.sitton@nokia.com) an.

注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。
469-991-2197 (brenda.sitton@nokia.com) にお電話ください。

توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد.
469-991-2197 (brenda.sitton@nokia.com) تماس بگیرید.

कृपा ध्यान दें: यदि आप **हिंदी** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपा पर काल करें
469-991-2197 (brenda.sitton@nokia.com)

resources for now and later

Nokia provides these year-round resources to help you conveniently manage your benefits.

Your Benefits Resources (YBR) Website <http://resources.hewitt.com/nokia> (personalized and password-protected)

- View your current coverage
- Review and compare your 2019 healthcare options and contribution costs — **and enroll online! (September 24, 2018 – October 12, 2018)**
- Opt out of your 2019 coverage
- Find a doctor or healthcare provider
- Learn more about your Nokia benefits
- Review, add or change your dependent's(s') information on file
- Understand how a Life Event may change your benefits

BenefitAnswers Plus Website www.benefitanswersplus.com (non-personalized — no password required)

- See benefits news and updates, including coverage tips and reminders
- 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 throughout the year

More to Come

Be sure to check out the BenefitAnswers Plus website at www.benefitanswersplus.com in December for important coverage reminders and tips on using your benefits in 2019.

If you do not have access to the Internet, the Nokia Benefits Resource Center can help you resolve a unique benefits issue or enroll in or make changes to your coverage. Call 1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada). Representatives are available from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.

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

Your Benefits Resources is a trademark of Alight Solutions LLC.