ANNUAL OPEN ENROLLMENT 2019

what's changing and important reminders

The annual open enrollment period for your 2019 Nokia health and welfare benefits coverage is: Online Only: September 24, 2018 – September 30, 2018 Online and by Phone: October 1, 2018 – October 12, 2018

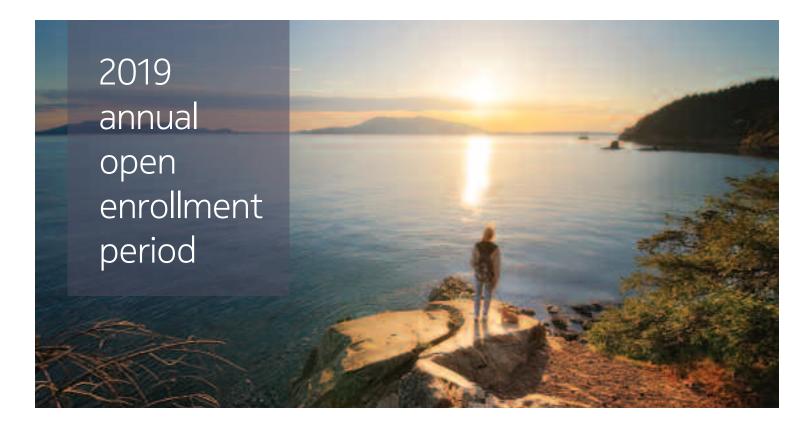
(Look inside to learn more...) FOR PARTICIPANTS IN THE MANAGEMENT RETIREE PLAN DESIGN' 'Including COBRA participants and survivors in the Family Security Program (FSP).



2019-MNGR

LINCOLNSHIRE, IL 60069-1495 PO BOX 1495 NOKIA BENEFITS RESOURCE CENTER – L7544





The table below shows the timing for enrolling in and/or changing your coverage during the annual open enrollment period.

	Online Only	Online and by Phone
FROM: >	Monday, September 24, 2018, at 9:00 a.m., Eastern Time (ET), through Sunday, September 30, 2018	Monday, October 1, 2018, at 9:00 a.m., ET, through Friday, October 12, 2018, at 5:00 p.m., ET
YOU MAY:	View your coverage and costs as well as make your elections on the Your Benefits Resources™ (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 during this time.	View your coverage and costs as well as make your elections on the YBR website. You may also call the Nokia Benefits Resource Center to enroll in or make changes to your coverage. Representatives are available Monday through Friday from 9:00 a.m. to 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.

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.

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

Contribution Cost Changes

Review the YBR website at <u>http://resources.hewitt.com/nokia</u> 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 newsletter do not apply to Health Maintenance Organization (HMO) and Medicare HMO options. You will need to check the YBR website at http://resources.hewitt.com/nokia 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, available on the BenefitAnswers Plus website at www.benefitanswersplus.com.

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: • Individual: \$1,600 • Two-person: \$3,200 • Family: \$4,800 Out-of-Network: • Individual: \$4,000 • Two-person: \$8,000 • Family: \$12,000 (excludes deductible)	In-Network: • Individual: \$1,650 • Two-person: \$3,300 • Family: \$4,950 Out-of-Network: • Individual: \$4,200 • Two-person: \$8,400 • Family: \$12,600 (excludes deductible)	In-Network: • Individual: \$4,000 • Family: \$8,000 Out-of-Network: \$7,500 per person	In-Network: • Individual: <i>\$4,500</i> • Family: <i>\$9,000</i> Out-of-Network: <i>\$9,000</i> per person

² And 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	
	In-network			
Service	2018	2019	2018	2019
Emergency Room — Emergency Use	Plan pays 100% after you pay \$65 copayment; waived if admitted	Plan pays 100% after you pay \$70 copayment; waived if admitted	Plan pays 100% after you pay \$125 copayment; waived if admitted	Plan pays 100% after you pay \$140 copayment; waived if admitted
Emergency Room — Nonemergency Use	Plan pays 70% after you pay \$65 copayment	Plan pays 70% after you pay \$70 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 \$700 copayment per admission
Physician Office and Virtual Visits (non-preventive)	You pay \$30 copayment per visit (primary care physician or specialist)	You pay \$35 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 \$55 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 \$70 copayment; waived if admitted	Plan pays 100% after you pay \$125 copayment; waived if admitted	Plan pays 100% after you pay \$140 copayment; waived if admitted
Emergency Room — Nonemergency Use	Plan pays 70% after you pay \$65 copayment	Plan pays 70% after you pay \$70 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 \$280 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 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 <u>www.myuhc.com</u>, 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 <u>www.myuhc.com</u>, 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.

important reminders



Go Online for Enrollment Information

Enrollment information is available online starting on September 24, 2018:

- Annual open enrollment communication materials available at www.benefitanswersplus.com
- Your personalized health and welfare coverage options and costs available at http://resources.hewitt.com/nokia

Check Your 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 <u>http://resources.hewitt.com/nokia</u> 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 10.

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 <u>http://resources.hewitt.com/nokia</u>. 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.

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 10.
- Review your dependent(s) on file for each of your benefit plans and make any updates or corrections.

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.

- 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 <u>http://resources.hewitt.com/nokia</u> 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.

Resources for Now and Later

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

Your Benefits Resources (YBR) Website	BenefitAnswers Plus Website
<u>http://resources.hewitt.com/nokia</u>	<u>www.benefitanswersplus.com</u>
(personalized and password-protected)	(non-personalized — no password required)
 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 	 See benefits news and updates, including coverage tips and reminders Get your enrollment materials Find answers to your benefit 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 <u>www.benefitanswersplus.com</u> in December for important coverage reminders and tips on using your benefits in 2019.

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; <u>brenda.sitton@nokia.com</u>. **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. <u>Grievances must be submitted within 60 days of your becoming aware of the alleged discriminatory action.</u>

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 <u>https://www.hhs.gov/ocr/complaints/index.html.</u>

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

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 (<u>brenda.sitton@nokia.com</u>).

알림: 한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 469-991-2197 (<u>brenda.sitton@nokia.com</u>) 번으로 전화하십시오.

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

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

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (brenda.sitton@nokia.com) (669-991-2197)

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 (<u>brenda.sitton@nokia.com</u>).

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

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 (<u>brenda.sitton@nokia.com</u>).

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 (<u>brenda.sitton@nokia.com</u>).

ACHTUNG: Falls Sie **Deutsch** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 469-991-2197 (<u>brenda.sitton@nokia.com</u>) 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. (<u>brenda.sitton@nokia.com</u>) 2197-299-964 تماس بگیرید.

कृपा ध्**यान दें: यद**िआप हर्दिी भाषी हैं तो आपके लएि भाषा सहायता सेवाएं नरिशुल्क उपलब्ध हैं। कृपा पर काल करें 469-991-2197 (<u>brenda.sitton@nokia.com</u>)

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.