

2020 enrollment action guide



For Participants in the Management Retiree Plan Design*

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

2020 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: October 14, 2019 – October 20, 2019	Online and Phone Enrollment Period: October 21, 2019 – November 1, 2019
<p>You may enroll in and/or change your 2020 Nokia health and welfare benefits coverage elections on the YBR website at https://digital.alight.com/nokia beginning Monday, October 14, 2019, at 9:00 a.m., Eastern Time (ET), through Sunday, October 20, 2019. During this time, you may view your 2020 coverage and costs, as well as enroll in or make changes to your 2020 coverage — online only — using the YBR website.</p> <p>You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2020 coverage, or to ask questions about your 2020 plan options and pricing, until Monday, October 21, 2019, at 9:00 a.m., ET.</p>	<p>You may enroll in and/or change your 2020 Nokia health and welfare benefits coverage elections online on the YBR website or by calling the Nokia Benefits Resource Center starting on Monday, October 21, 2019, at 9:00 a.m., ET, through Friday, November 1, 2019, at 5:00 p.m., ET.</p>

You must take action before Friday, November 1, 2019, at 5:00 p.m., ET. Late enrollments will not be accepted.

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

what's changing for 2020..... 2	thinking of opting out of medical and/or dental coverage? 10	what you need to know about Medicare..... 16
See what's new with your benefits this year.	Find out what you need to do.	Learn about how your Nokia coverage may be impacted by Medicare.
check your default coverage 9	how to take action..... 11	resources for now and later..... 19
Find out if you should enroll or make changes for 2020.	If you do need to take action, visit the YBR website.	Learn about the resources available to help you manage your benefits.
	important reminders 13	
	Things to keep in mind during the annual open enrollment period — and all year.	

what's changing for 2020

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, 2020.

Contribution Amounts

Review the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period for your 2020 contribution amounts.

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 2020 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 2020* on the BenefitAnswers Plus website.

Important Update: Enhanced Security for YBR and Nokia Benefits Resource Center Passwords — Your Action May Be Required

Due to recent security enhancements, you may now be required to set up a new password when you log on to the YBR website. You may also be required to set up a separate, new password (now called a phone PIN) for calling the Nokia Benefits Resource Center. Your User ID will not change.

If you have not already done so, simply follow the on-screen prompts to create your new password and phone PIN.

Note: If you have forgotten your User ID and/or password and need to request new one(s), see “Have You Forgotten Your YBR Website User ID and/or Password?” on page 11 for details.

For Medicare-Eligible Participants

Changes to Certain Copayments for the UnitedHealthcare® Group Medicare Advantage Preferred Provider Organization (PPO) Option

To help you access the most appropriate level of care at the lowest cost, copayments for emergency room and urgent care center visits will change, effective January 1, 2020. The changes are shown below in ***bold italics***.

- **Emergency room – emergency or nonemergency use:** You pay a ***\$60*** copayment/visit, not subject to the deductible (waived if admitted within 24 hours). This is an *increase* of \$10/visit.
- **Urgent care center visit:** You pay a ***\$30*** copayment/visit, not subject to the deductible (waived if admitted within 24 hours). This is a *decrease* of \$20/visit.

Get the Right Care, at the Right Place

You and your family have more options than ever when you need medical care. Here is a quick guide for knowing the best place to go.¹

Location/Type of Visit	Recommended When...	For Issues/Services Like...
NurseLine	You have a sudden health concern and need help deciding what to do next	Questions about a medication, finding a primary care physician (PCP) or specialist, or understanding an ongoing health condition or new diagnosis
Virtual Doctor Visits	Your issue is not an emergency, you are unable to visit your PCP, and your condition does not require a hands-on exam or test	A cold, flu, rash, sore throat, stomachache or bronchitis
Doctor's Office	You need preventive and routine care	Checkups, immunizations, making a wellness plan, preventive care or illnesses like earaches
Urgent Care Center	Your issue is not an emergency and your PCP is not available to help	Sprains, strains, minor bone breaks, sudden illnesses like fever or minor burns
Emergency Room (Call 911 or go to the nearest one)	You have a life-threatening or very serious condition and need immediate care	Heavy bleeding, chest pain, major burns or difficulty breathing

¹ Source: UnitedHealthcare®

Changes to the Express Scripts Medicare® Prescription Drug Program (PDP) for Nokia²

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, 2020:

- 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 2020.

	2019	2020
Deductible Amount	\$415	\$435
“Donut Hole”	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.	After total payments (including copayments and deductible, plus the Plan’s cost for the drugs) reach \$4,020 , you pay 25% of the cost of generic drugs and 25% of the cost plus a portion of the dispensing fee for brand-name drugs, up to \$6,350 .
Cost-Sharing Outside of the “Donut Hole”	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.	You pay the greater of 5% of the cost or a copayment of \$3.60 for generics/ \$8.95 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 2020* on the BenefitAnswers Plus website.

² Applicable to residents of any of the 50 US states, US territories or the District of Columbia only.

For Participants Not Eligible for Medicare

Medical Plan Design Changes

Effective January 1, 2020, changes will be made to the plan design of the Enhanced Point of Service (POS) and Standard POS options. In particular, the coinsurance and certain deductibles and out-of-pocket maximums for both options will change as shown below in ***bold italics***.

The table below provides a high-level summary of the most impactful increases. For a more comprehensive list of medical services and their 2020 coverage levels, see *Benefits At-a-Glance and Resource Contact Information 2020* on the BenefitAnswers Plus website.

	Enhanced POS	Standard POS
Coinsurance ^{3,4}	In-Network: Plan pays 85% Out-of-Network: Plan pays 60%	In-Network: Plan pays 75% Out-of-Network: Plan pays 50%
Annual Deductible	In-Network: None Out-of-Network: <ul style="list-style-type: none"> Individual: <i>\$1,000</i> Two-person: <i>\$2,000</i> Family: <i>\$3,000</i> 	In-Network: None Out-of-Network: <ul style="list-style-type: none"> <i>Individual: \$1,500</i> <i>Two-person: \$3,000</i> <i>Family: \$4,500</i>
Annual Out-of-Pocket Maximum	In-Network: <ul style="list-style-type: none"> Individual: <i>\$3,000</i> Family: <i>\$6,000</i> Out-of-Network: <ul style="list-style-type: none"> Individual: <i>\$5,000</i> (excludes deductible) Family: <i>\$15,000</i> (excludes deductible) 	In-Network: <ul style="list-style-type: none"> Individual: <i>\$4,000</i> Family: <i>\$8,000</i> Out-of-Network: <ul style="list-style-type: none"> Individual: <i>\$9,000</i> (excludes deductible) Family: <i>\$27,000</i> (<i>excludes deductible</i>)

³ Where 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).

⁴ Depending on the medical service, the coinsurance level may differ and/or you may need to satisfy the deductible or pay a copayment before the plan pays coinsurance. See *Benefits At-a-Glance and Resource Contact Information 2020* on the BenefitAnswers Plus website for more information.

Costs for In-Network, Non-Preventive Doctor “Visits”

To help you access the most appropriate level of care at the lowest cost, copayments for in-network, non-preventive care visits under the Enhanced and Standard POS medical plan options will change as shown in the table below in **bold italics**. The table shows the type of care⁵ offered by virtual visits, your primary care physician (PCP), a specialist, an urgent care center and the emergency room, and the copayments for each. These copayments are effective January 1, 2020.

Location/Type of Visit	Care Offered	Enhanced POS	Standard POS
Virtual Visit	Nonemergency care for conditions such as allergies, bladder infections, bronchitis, cough/colds, diarrhea, fever, pink eye, rashes, sore throat and stomachache	You pay \$10 copayment/visit	You pay \$20 copayment/visit
Office Visit — Primary Care Physician (PCP)	Full range of routine, nonemergency care	You pay \$30 copayment/visit	You pay \$35 copayment/visit
Office Visit — Specialist	Nonemergency care for more specialized issues such as cancer, Crohn’s disease, joint problems and heart conditions	You pay \$40 copayment/visit	You pay \$60 copayment/visit
Urgent Care Center Visit	Nonemergency, non-life-threatening conditions that require immediate care when your regular doctor is not available, such as low back pain and minor injuries, burns and infections	You pay \$75 copayment/visit	You pay \$100 copayment/visit
Emergency Room Visit	Life-threatening or very serious conditions that require immediate care, such as chest pain, difficulty breathing, heavy bleeding, major injuries and burns, sudden weakness or trouble talking and sudden change in vision	<ul style="list-style-type: none"> Emergency use: You pay \$150 copayment (waived if admitted) Nonemergency use: Plan pays 60% after you pay \$150 copayment 	<ul style="list-style-type: none"> Emergency use: You pay \$200 copayment (waived if admitted) Nonemergency use: Plan pays 50% after you pay \$200 copayment

⁵ Source: UnitedHealthcare

For a more comprehensive list of medical services and the 2020 coverage levels, see *Benefits At-a-Glance and Resource Contact Information 2020* on the BenefitAnswers Plus website.

Age Limit Eliminated for Applied Behavior Analysis Therapy

Effective January 1, 2020, the POS and Traditional Indemnity options will cover Applied Behavior Analysis (ABA) therapy for eligible dependents **of any age** who have a primary diagnosis of autism spectrum disorder. (Previously, coverage was limited to eligible dependents age 11 and under.)

Coverage is at the in-network, outpatient, mental health rate and is subject to prior authorization requirements. Support is also available to help you navigate community, state, federal and educational resources.

For more information, contact UnitedHealthcare's Optum Advocate at 1-800-577-8539 (Enhanced and Standard POS) or 1-800-577-8567 (Traditional Indemnity). Except as provided above, ABA therapy is excluded from coverage under the plan.

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, 2020:

- Aetna Pennsylvania
- EmblemHealth

If you are not Medicare-eligible and are currently enrolled in either of these HMOs, you will need to choose another medical plan option for 2020.

If you do not make a new election, you will be automatically assigned medical coverage (i.e., enrolled in default coverage) for 2020. For more information about default coverage, see "Check Your Default Coverage" on page 9.

Please note: The changes shown above affect only participants who are not eligible for Medicare. The Medicare HMOs are not changing for 2020.

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.

Get More from Your UnitedHealthcare Medical Plan Option: Choose Premium Care Physicians

Choosing a doctor is one of the most important health decisions you will make. When you choose a Premium Care Physician from the UnitedHealth Premium® Program, you can be sure that the doctor meets the program's criteria for providing quality and cost-effective care.

To find a Premium Care Physician, log on to www.myuhc.com and select "Find a Provider." Premium Care Physicians will be at the top of your search results. Look for two blue hearts and the words "Premium Care Physician" in the doctor's profile.

To learn more, visit BenefitAnswers Plus at www.benefitanswersplus.com. Select the "Carriers & Other Resources" tab, then "Other Resources & Information" and then the "Find the Right Doctors: Use the UnitedHealth Premium® Program" link.

Note: This resource is available only to UnitedHealthcare participants not eligible for Medicare.

For All Participants

Traditional Indemnity Option Medical Deductibles and Out-of-Pocket Maximums

Effective January 1, 2020, the medical deductibles and out-of-pocket maximums for the Traditional Indemnity option will increase as shown in the table below. Changes for 2020 are in ***bold italics***.

For a more comprehensive list of medical services and their 2020 coverage levels, see *Benefits At-a-Glance and Resource Contact Information 2020* on the BenefitAnswers Plus website.

	Traditional Indemnity
Annual Deductible	<ul style="list-style-type: none">Individual: <i>\$500</i>Two-person: <i>\$1,000</i>Family: <i>\$1,500</i>
Annual Out-of-Pocket Maximum	<ul style="list-style-type: none">Individual: <i>\$3,000</i>Family: <i>\$6,000</i>

The DMO Option Through Aetna Will No Longer Be Offered in Certain Locations

Due to low enrollments and/or low in-network provider participation, the Dental Maintenance Organization (DMO) option will not be available in the following states, effective January 1, 2020:

- Alabama
- Arkansas
- Maine
- Mississippi
- New Hampshire
- South Carolina

If you are currently enrolled in the DMO option, you will automatically receive default dental coverage through the Dental Preferred Provider Organization (PPO) option for 2020, unless you actively decline coverage during annual open enrollment.

See “Dental Option-Specific Reminders” on page 14 for more information.

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 2020 if you do not take any action during the annual open enrollment period.

Because your default coverage for 2020 may in some cases be different than your 2019 coverage, it is your responsibility to confirm that your 2020 default coverage shown on the YBR website during the annual open enrollment period is the coverage that you want for 2020.

You can find your default coverage on the YBR website at <https://digital.alight.com/nokia> from Monday, October 14, 2019, at 9:00 a.m., ET, through Friday, November 1, 2019, 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” below.

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 <https://digital.alight.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 October 14, 2019**, 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, 2020, 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.

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 <https://digital.alight.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 16.

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 <https://digital.alight.com/nokia>. Keep in mind that this year, you can make your elections on the YBR website beginning on October 14, 2019. (You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2020 coverage, or with questions about your 2020 plan options and pricing, until Monday, October 21, 2019, at 9:00 a.m., ET.)

Remember: You must take action before Friday, November 1, 2019, 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 that 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.

Tip: If you have not already done so, 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.)

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 9);
- Add⁶ 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 2020 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.

⁶ Make 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.

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 9.
- **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, November 1, 2019, 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.

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?** The Centers for Medicare & Medicaid Services (CMS) requires that you provide a street address, and not a PO 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 2020. (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 2020.
 - **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, 2020.

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 in the Enhanced or Standard POS option, you will receive a new medical member ID card from UnitedHealthcare by January 1, 2020. If you are re-enrolling in the Traditional Indemnity option, continue to use your current medical member ID card in 2020. Regardless of which medical option you are re-enrolling in, you will not receive a new prescription drug member ID card. Continue to use your current Express Scripts prescription drug member ID card in 2020.
 - If you are enrolling for the first time, you will receive new member ID cards from the carriers by January 1, 2020.
 - If you have not received your new cards by January 1, 2020, 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 <https://digital.alight.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 2019 under these circumstances, your POS coverage **will not** automatically carry over to 2020. You must take action to re-enroll.
 - **If you are eligible to enroll in a POS option for 2020 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 feel supported 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 2020* 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 <https://digital.alight.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 2019 under these circumstances, your DMO coverage **will not** automatically carry over to 2020. **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.
 - **COBRA continuation coverage *is* offered to dependents who lose coverage due to reaching the age limit.** Dependents aging out of group health plan eligibility will maintain coverage through the end of the month in which they turn age 20 (or age 24 if enrolled as a full-time student). If your dependent is aging out, you will receive communication about the loss of coverage and the applicable COBRA paperwork.
- **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 <https://digital.alight.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 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.

- **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 Internal Revenue Service (IRS) 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 2019 tax year to participants, as applicable, no later than January 31, 2020.
- **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.

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	
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 <https://digital.alight.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.

resources for now and later

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

Your Benefits Resources (YBR) Website <https://digital.alight.com/nokia> (personalized and password-protected)

- View your current coverage
- Review and compare your 2020 healthcare options and contribution costs — **and enroll online! (October 14, 2019 – November 1, 2019)**
- Opt out of your 2020 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 2020.

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.

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