



find out
what's
changing
for 2020
so you will
be ready

visit the BenefitAnswers Plus website

You may enroll in your 2020 Nokia health and welfare benefits coverage:

Online only:

October 14, 2019 – October 20, 2019

Online and by phone:

October 21, 2019 – November 1, 2019

(Look inside to learn more...)

FOR PARTICIPANTS IN THE MANAGEMENT RETIREE PLAN DESIGN*
*Including COBRA participants and survivors in the Family Security Program (FSP).

NOKIA

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

Online and by Phone

FROM:



Monday, October 14, 2019,
at 9:00 a.m., Eastern Time (ET), through
Sunday, October 20, 2019

YOU
MAY:



View your coverage and costs as well as make your elections on the YBR website.

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.

Monday, October 21, 2019,
at 9:00 a.m., ET, through
Friday, November 1, 2019, at 5:00 p.m., ET.

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 from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.

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

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.

> 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

¹Source: UnitedHealthcare®

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 4 for details.



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.

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

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.

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.)



> 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 <i>85%</i> Out-of-Network: Plan pays <i>60%</i>	In-Network: Plan pays <i>75%</i> Out-of-Network: Plan pays <i>50%</i>
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"> • Individual: <i>\$1,500</i> • Two-person: <i>\$3,000</i> • Family: <i>\$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>)

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).

⁴Depending 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 below 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 <i>\$10</i> copayment/visit	You pay <i>\$20</i> copayment/visit
Office Visit — Primary Care Physician (PCP)	Full range of routine, nonemergency care	You pay <i>\$30</i> copayment/visit	You pay <i>\$35</i> copayment/visit
Office Visit — Specialist	Nonemergency care for more specialized issues such as cancer, Crohn’s disease, joint problems and heart conditions	You pay <i>\$40</i> copayment/visit	You pay <i>\$60</i> 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 <i>\$75</i> copayment/visit	You pay <i>\$100</i> 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 <i>\$150</i> copayment (waived if admitted) • Nonemergency use: Plan pays <i>60%</i> after you pay <i>\$150</i> copayment 	<ul style="list-style-type: none"> • Emergency use: You pay <i>\$200</i> copayment (waived if admitted) • Nonemergency use: Plan pays <i>50% after you pay \$200 copayment</i>

⁵Source: 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.

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.

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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