



find out what's  
changing for 2021  
so you will be ready

**visit the BenefitAnswers Plus website**

You may enroll in your 2021 Nokia health and welfare benefits coverage:

**Online only:** September 21, 2020 – September 27, 2020

**Online and by phone:** September 28, 2020 – October 9, 2020

(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**

# 2021 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, September 21, 2020, at 9:00 a.m., Eastern Time (ET), through Sunday, September 27, 2020

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 2021 coverage, or to ask questions about your 2021 plan options and pricing, until Monday, September 28, 2020, at 9:00 a.m., ET.**

Monday, September 28, 2020, at 9:00 a.m., ET, through Friday, October 9, 2020, 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, October 9, 2020, at 5:00 p.m., ET. Late enrollments will not be accepted.**

## Important Information About 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 2021 if you **do not** take any action during the annual open enrollment period. **It is your responsibility to confirm that your 2021 default coverage shown on the YBR website is the coverage you want for 2021.**

Confirming your default coverage is quick and easy. See “Check Your Default Coverage” on page 8 to find out how to confirm your default coverage starting Monday, September 21, 2020.



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.

# what's changing for 2021

**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 January 1, 2021.

## > **Contribution Amounts**

Review the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period for your 2021 contribution amounts.

## > **For Medicare-Eligible Participants Enrolled in the UnitedHealthcare® Group Medicare Advantage (PPO) Plan**

### **New Prescription Drug Administrator: UnitedHealthcare®**

Effective January 1, 2021, your medical and prescription drug coverage will be provided by UnitedHealthcare, through the UnitedHealthcare® Group Medicare Advantage (PPO) plan with prescription drug coverage. Prescription drug coverage through Express Scripts will no longer be available after December 31, 2020.

As a result of this change, you will have a single team — UnitedHealthcare — committed to understanding your medical and prescription drug needs and helping you get the care you need.

With UnitedHealthcare as your prescription drug administrator, you:

- Have access to thousands of brand-name and generic prescription drugs;
- Can choose from more than 67,000 national chain, regional and independent local retail pharmacies; and
- May save on the medications you take regularly. If you prefer the convenience of mail order, you can save time and money by receiving your maintenance medications through OptumRx® Home Delivery. You can sign up for automatic refill reminders and reach out to licensed pharmacists if you have questions.

For information about your UnitedHealthcare prescription drug coverage (including the current UnitedHealthcare formulary, how to find an in-network pharmacy and how to set up mail order for maintenance medications), see the *UnitedHealthcare Plan Guide* that will be mailed to you in late September, contact UnitedHealthcare at 1-888-980-8117 or visit [UHCRetiree.com/nokia](https://UHCRetiree.com/nokia).

## **Reminder**

When enrolling dependents, please be sure to review the Nokia Dependent Eligibility Rules at [https://benefitanswersplus.com/retired\\_m/ded.html](https://benefitanswersplus.com/retired_m/ded.html).

The rules describe who is eligible to be covered under Nokia's medical, dental, and life and accidental loss insurance Plans. With respect to children, the rules include various criteria, including age. As also described in the rules, if you have a child who is covered under the plan(s), is disabled, and would otherwise lose coverage under the plans due to no longer satisfying the age limits for coverage, you have the ability to continue coverage beyond the stated age provided certain criteria are met. Among these is that you obtain medical certification of disability and that you start the certification process within 31 days of the date your child loses eligibility under the plan(s) due to age.

## Changes to the Prescription Drug Program Deductible and Cost-Sharing Amounts<sup>1</sup>

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, 2021:

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

The table below highlights the CMS adjustments for 2021.

	2020	2021
Deductible Amount	\$435	\$445
“Donut Hole”	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.	After total payments (including copayments and deductible, plus the Plan’s cost for the drugs) reach <b>\$4,130</b> , 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 <b>\$6,550</b> .
Cost Sharing Outside of the “Donut Hole”	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.	You pay the greater of 5% of the cost or a copayment of <b>\$3.70</b> for generics/ <b>\$9.20</b> 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 2021* on the BenefitAnswers Plus website.

<sup>1</sup> Applicable to residents of any of the 50 US states, US territories or the District of Columbia only.

## How to Request a Copy of Your Annual Open Enrollment Kit 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 you prefer to have a copy of the annual open enrollment kit sent to you, you can **only** make your request through the Nokia Benefits Resource Center’s automated system.

Like YBR, the automated telephone system is easy and convenient to use. **Starting September 21, 2020**, just follow 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, “Request enrollment kit.”

Your annual open enrollment kit will be mailed to your address on file within seven to 10 business days. Note that annual open enrollment kits are always sent via US Postal Service mail, even if you have signed up to receive communications from the Nokia Benefits Resource Center electronically.



## > For Medicare-Eligible Participants Enrolled in the Traditional Indemnity Option, and Participants Not Eligible for Medicare Enrolled in a Point of Service (POS) or Traditional Indemnity Option

### New Prescription Drug Administrator: CVS Caremark

CVS Caremark will replace Express Scripts as the prescription drug administrator for participants enrolled in the Traditional Indemnity, Enhanced POS and Standard POS options, effective January 1, 2021. Prescription drug coverage through Express Scripts will no longer be available after December 31, 2020. UnitedHealthcare will continue to provide your medical coverage.

In most cases, you will not experience any disruption when your prescription drug coverage moves to CVS Caremark. However, there may be some changes, including:

- Changes to the formulary (list of preferred drugs),
- Changes to the drugs that will require prior authorization and/or be subject to other limitations, and
- Changes to the drugs that will be classified as preventive and covered 100 percent without imposing a copayment, coinsurance or deductible.

There will also be an enhancement in how you can fill your maintenance prescriptions: **In addition to mail order, you can fill and pick up prescriptions for maintenance medications (up to a 90-day supply) at retail CVS pharmacies (including those in Target stores) at mail order pricing.**

### How to Fill Your Prescriptions

#### *Retail Prescriptions for Acute Conditions (Up to a 30-Day Supply)*

Starting January 1, 2021, you can continue to fill up to a 30-day supply of a drug for an acute condition at **ANY RETAIL PHARMACY**, although you will save money when you use an in-network pharmacy. In-network pharmacies include CVS, Giant, Kroger, Rite Aid, Target (which are CVS pharmacies), Walgreens, Walmart and many others.

To see if your pharmacy is in-network, or to find a nearby in-network pharmacy, call CVS Caremark at 1-800-240-9623 starting September 21, 2020. Once you receive your new CVS Caremark ID card in December, register on [Caremark.com](https://www.caremark.com) and click “Choose your pharmacy.”

Be sure to provide your CVS Caremark ID card to your pharmacist when you fill your first prescription in 2021.

**Please note:** As under your current Nokia prescription drug coverage, prescription drug copayments will **double** after the **third time** you receive a 30-day supply of a maintenance medication for a chronic condition at a retail pharmacy. For cost savings, fill up to a 90-day supply of a maintenance medication through mail order or pickup at a CVS retail pharmacy, as outlined below.

#### *Maintenance Prescriptions for Chronic Conditions (Up to a 90-Day Supply)*

For maintenance medications for chronic conditions, you can fill your prescription for up to a 90-day supply:

- Through CVS Caremark Mail Service Pharmacy. When you order online, CVS Caremark will send up to a 90-day supply of your maintenance medications to your home with free delivery.

**OR**

- At a CVS retail pharmacy.

**Please note:**

- There may be a day supply limitation on some prescriptions, such as controlled substances, subject to state and federal dispensing limitations.
- You will need to get a new prescription from your provider for any expired prescriptions, or for prescriptions that have no refills remaining.



## Special Situations

In early December, CVS Caremark will contact you (or your covered family member) by mail if one or more of the following apply:

- Your current prescription is not on the CVS Caremark formulary.
- Your current prescription requires prior authorization.
- Your mail-order prescription transfer is prohibited by law, such as if it is for a controlled substance or compound medication.

If any of these situations applies to you or a covered family member, you will need a new prescription from your doctor for your medication starting January 1, 2021. The personalized letter that you or your covered family member will receive in early December will provide details regarding the steps you should take to update your specific prescription(s). You may wish to share the letter with your doctor.

## Specialty Medications

CVS Caremark manages specialty medications through CVS Specialty®. If you currently take specialty medication, your prescription will need to be transferred to CVS Caremark for 2021. A representative from CVS Specialty will call you in December 2020 at your telephone number on file to answer your questions, help you enroll in the CVS Specialty program and transfer your prescriptions and assist with any infusion services that may need to be set up. If you have any questions, you can also call CVS Specialty at 1-800-237-2767.

## Prescription Drug Coverage Management Programs

Nokia is committed to providing you with cost-effective prescription drug coverage. With this goal in mind, CVS Caremark uses coverage management programs to administer how the Prescription Drug Program will cover certain prescription drugs.

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

## For More Information

To learn more about your CVS Caremark prescription drug coverage for 2021:

- Review the *Enrollment Action Guide* on the annual open enrollment page on the BenefitAnswersPlus website at [www.benefitanswersplus.com](http://www.benefitanswersplus.com);
- Review the Welcome Kit (which will include your new prescription drug member ID card) that CVS Caremark will send you in December;
- Starting September 21, 2020, call CVS Caremark at 1-800-240-9623;
- Once you receive your new CVS Caremark ID card in December, visit [Caremark.com](http://Caremark.com) (you will need to register to access the website); and/or
- In mid-to-late December, see “Get More from Your 2021 Benefits” on the BenefitAnswersPlus website at [www.benefitanswersplus.com](http://www.benefitanswersplus.com).

## If You Are Enrolled in Medicare Prescription Drug Coverage Through Nokia

If you do not have or get other prescription drug coverage that is at least as good as Medicare prescription drug coverage (also referred to as “creditable coverage”) within 63 days of your disenrollment from Nokia prescription drug coverage, you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future. For information about other Medicare prescription drug plans available to you, contact Medicare at [www.medicare.gov](http://www.medicare.gov) or 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048).

## Changes to In-Network Prescription Drug Levels

As part of the change to CVS Caremark, prescription drug coverage under the Enhanced POS, Standard POS and Traditional Indemnity options will be centered on three levels of prescription drugs (rather than the current four), effective January 1, 2021. The three levels and their associated coinsurance and copayments are summarized below.

Coinsurance/Copayments <sup>2</sup>		
In-Network	Retail (up to a 30-day supply using an in-network pharmacy) <sup>3</sup>	Mail Order (up to a 90-day supply)
<b>Level One</b> Generic drugs (no change)	\$10 copayment	\$20 copayment
<b>Level Two</b> Preferred brand drugs	50% coinsurance • \$25 minimum • \$225 maximum	50% coinsurance • \$50 minimum • \$450 maximum
<b>Level Three</b> Nonpreferred brand drugs	50% coinsurance • \$60 minimum • \$300 maximum	50% coinsurance • \$120 minimum • \$600 maximum

<sup>2</sup>Where prescription drug coverage is expressed as a percentage, it is a percentage of the plan's cost for the drug.

<sup>3</sup>Prescription drug copayments will double after the third time you receive a 30-day supply of a maintenance medication at a retail pharmacy; for cost savings, fill up to a 90-day supply through mail order or pickup at a CVS retail pharmacy.

## HMOs Will No Longer Be "Grandfathered"<sup>4</sup>

Effective January 1, 2021, the HMOs will become "non-grandfathered" within the meaning of the Affordable Care Act (ACA). As a result, the HMOs will reflect fully (to the extent they have not previously) all of the consumer protections that are required of non-grandfathered plans under the ACA. (Under the ACA, grandfathered plans are subject to many, but not all, of these consumer protections.) As a further result, however, the HMOs will no longer be subject to the restrictions imposed on grandfathered plans with respect to certain changes to their benefits and/or costs imposed on employees.

For information about the HMO options' coverage changes and costs for 2021, contact the carriers of those options directly. Carrier contact information is on the back of your HMO ID card (if you are currently enrolled) and in *Benefits At-a-Glance and Resource Contact Information 2021* on the BenefitAnswers Plus website.

<sup>4</sup>Affects only participants not eligible for Medicare.

## 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. Check the YBR website during the annual open enrollment period or contact the carriers of those options directly for their 2021 coverage changes. Carrier contact information is 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 2021* on the BenefitAnswers Plus website.

# 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 2021 if you do not take any action during the annual open enrollment period.

Because your default coverage for 2021 may, in some cases, be different from your 2020 coverage, **it is your responsibility** to confirm that your 2021 default coverage shown on the YBR website during the annual open enrollment period is the coverage you want for 2021.

## Here is how to find your default coverage starting Monday, September 21, 2020.

- 1** Visit the YBR website at <https://digital.alight.com/nokia>.
- 2** Alternatively, you may call the Nokia Benefits Resource Center at 1-888-232-4111 to request that a copy of your default coverage record be sent to you.
  - 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!
  - Anytime during the “It’s annual enrollment time!” greeting, say, “Annual enrollment” and then say, “Send enrollment confirmation.”

The copy of your default coverage record 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 will be sent to your Secured Participant Mailbox on YBR within one business day.*

## 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.)





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