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 and Phone Enrollment Period: October 15, 2018 – November 2, 2018

(Look inside to learn more...) FOR PARTICIPANTS IN THE FORMERLY REPRESENTED RETIREE PLAN DESIGN' 'Including Long-Term Disability (LTD) and COBRA participants and survivors in the Family Security Program (FSP).



2019-FRR

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



2019 annual open enrollment period

Important

This year, you may learn about your 2019 coverage and costs — as well as enroll in and/or change your 2019 Nokia health and welfare benefits coverage elections — online or by telephone during the annual open enrollment period. There is no online-only enrollment period for 2019.

Online and Phone Enrollment Period: October 15, 2018 – November 2, 2018

You may enroll in and/or change your 2019 Nokia health and welfare benefits coverage elections online on the Your Benefits Resources™ (YBR) website at <u>http://resources.hewitt.com/nokia</u> or by calling the Nokia Benefits Resource Center at 1-888-232-4111 beginning Monday, October 15, 2018, at 9:00 a.m., Eastern Time (ET), through Friday, November 2, 2018, at 5:00 p.m., ET.

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

You must take action before Friday, November 2, 2018, at 5:00 p.m., ET. Late enrollments will not be accepted.

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.

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.

For Medicare-Eligible Traditional Indemnity Option Participants: You Will Have New Default Medical Coverage for 2019

For residents of any of the 50 US states, US territories or the District of Columbia *only*: If you (and your Medicare-eligible dependent[s]) are currently enrolled in the Traditional Indemnity option, you will have new default medical coverage for 2019: the UnitedHealthcare[®] Group Medicare Advantage (PPO) option.

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 <u>Resource Contact</u> Information 2019. available on the BenefitAnswers Plus website at www.benefitanswersplus.com.

Effective January 1, 2019, you and your Medicare-eligible dependent(s) will automatically be enrolled in the UnitedHealthcare Group Medicare Advantage (PPO) option. This means that if you do not actively re-enroll in the Traditional Indemnity option during the annual open enrollment period, your medical coverage in the Traditional Indemnity option will end on December 31, 2018.

Key Features of the UnitedHealthcare Group Medicare Advantage (PPO) Option

The UnitedHealthcare Group Medicare Advantage (PPO) option has been offered to you and your fellow Medicare-eligible Nokia retirees since 2012. Why choose the UnitedHealthcare Group Medicare Advantage (PPO) option?

- Lower or no monthly premium costs
- Utilize any Medicare-enrolled provider
- Pay the same copays and/or coinsurance, whether you use an in-network or out-of-network provider
- Benefits in addition to Original Medicare

More information about the UnitedHealthcare Group Medicare Advantage (PPO) option's benefits, programs and services was mailed to you directly from UnitedHealthcare in September. For a summary of the option's main provisions, refer to *Benefits At-a-Glance and Resource Contact Information 2019* and the health plan comparison charts on the YBR website during annual open enrollment beginning October 15.

For Participants Not Eligible for Medicare

Prior Authorization Required for Certain Services Under the Point of Service (POS) Option

Effective January 1, 2019, if you are enrolled in the 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 6.

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

For All Participants

Contributions for 2019

If You Are Eligible for Medicare, Retired Prior to March 1, 1990, and You...

- Enroll in the UnitedHealthcare Group Medicare Advantage (PPO) option: You will not pay a monthly contribution for coverage in 2019.
- Enroll in the Traditional Indemnity option: Your monthly contribution for coverage will increase for 2019.

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

If You Are Eligible for Medicare, Retired On or After March 1, 1990, and You...

- Enroll in the UnitedHealthcare Group Medicare Advantage (PPO) option: Your monthly contribution for coverage will not increase for 2019.
- Enroll in the Traditional Indemnity option: Your monthly contribution for coverage will increase for 2019.

If You Are Not Eligible for Medicare

Regardless of when you retired, your monthly contribution for coverage will not increase 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.

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



Please keep in mind the following as you prepare to enroll in your 2019 Nokia health and welfare benefits.

Go Online for Enrollment Information

Enrollment information is available online starting on October 15, 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.

For Medicare-eligible residents of any of the 50 US states, US territories or the District of Columbia *only*: If you (and your Medicare-eligible dependent[s]) are currently enrolled in the Traditional Indemnity option, you will have new default medical coverage in which you will automatically be enrolled for 2019: the UnitedHealthcare Group Medicare Advantage (PPO) option. This means that if you do not actively re-enroll in the Traditional Indemnity option will end on December 31, 2018.

You can find your default coverage on the YBR website at <u>http://resources.hewitt.com/nokia</u> from Monday, October 15, 2018, at 9:00 a.m., ET, through Friday, November 2, 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 8.

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> or by calling the Nokia Benefits Resource Center beginning at 9:00 a.m., ET, on Monday, October 15, 2018.

Remember You must take action before Friday, November 2, 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 8.
- 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, November 2, 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 October 15, 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! (October 15, 2018 – November 2, 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 <u>https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</u>, 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 (brenda.sitton@nokia.com) 번으로 전화하십시오.

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

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>) 2197-299-369 تماس بگیرید.

कृपा ध्**यान दें: यद आप ह**दीि भाषी हैं तो आपके लएि भाषा सहायता सेवाएं नरिशुल्क उपलब्**ध है। 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, subject to the terms of applicable bargaining agreements. 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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