

Get More From Your 2021 Nokia Benefits



Important Information About Using Your Benefits in 2021

For Participants in the Formerly Represented Retiree Plan Design

What's Inside

Get Ready to Use Your CVS Caremark Prescription Drug Coverage	1
The Importance of Preventive Care	4
What You Need to Know About Your Member ID Cards	4
Enrolled in the POS or Traditional Indemnity Option? Choose Premium Care Physicians	6
Attention UnitedHealthcare Members: Take Advantage of These Tools and Resources Anytime	6
Manage Your Dental Benefits With the Aetna HealthSM App	10
There's an App for That!	10
Keep Your Life Insurance and/or Savings Plan Beneficiaries Up to Date	11
Coming Your Way: Tax Form 1095	11

Get Ready to Use Your CVS Caremark Prescription Drug Coverage

Effective January 1, 2021, CVS Caremark will be your prescription drug administrator if you are enrolled in the UnitedHealthcare® Group Medicare Advantage (PPO), Point of Service (POS) or Traditional Indemnity option.

Welcome to CVS Caremark

[These six tips](#) can help you save time and money on your prescription medications starting in January.

Ready to get started? If you have not already done so, register at [Caremark.com](#), your central resource for everything related to the CVS Caremark prescription drug program. (Be sure to have your new CVS Caremark member ID card, which was mailed to you in December and includes your CVS Caremark member ID number, on hand.)

Once you create your username and password, log on anytime for information about the current CVS Caremark formulary (including a list of the medications that will be classified as preventive and covered at 100 percent) and drug pricing. You can also learn how to find an in-network pharmacy, manage your prescriptions, set up mail service and check order status, sign up for prescription alerts, save on prescription costs and more.

Starting January 1, 2021, you can also get a copy of the most current CVS Caremark formulary on [Caremark.com](#) by clicking on “**covered drug list**” or by calling CVS Caremark at 1-800-240-9623.

Please continue reading for additional information to help you prepare for the transition to CVS Caremark.

How to Fill Your Prescriptions Starting January 1, 2021

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

You can fill up to a 30-day supply of a drug for an acute condition at **ANY RETAIL PHARMACY. You are NOT required to use a CVS pharmacy to fill your retail prescriptions.** However, 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. Be sure to provide your CVS Caremark member ID card to your pharmacist when you fill your first prescription in 2021.

Save With Generics

Why pay more for your prescriptions than you have to? Generics are just as safe and effective as their brand-name equivalents and offer savings of up to 80 percent. [Learn more.](#)

To see if your pharmacy is in-network, or to find a nearby in-network pharmacy, call CVS Caremark at 1-800-240-9623 or register at [Caremark.com](#) and click “Choose your pharmacy.” Be sure to have your CVS Caremark member ID card on hand.

Current retail pharmacy not in the CVS Caremark network? To transfer your prescriptions to a CVS Caremark network retail pharmacy, go to the CVS Caremark network pharmacy of your choice and tell the pharmacist where your prescription is currently on file. The pharmacist will contact your current pharmacy and make the transfer for you.

Please note: As under your 2020 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.

[Learn how to get started.](#)

How to Refill Current Maintenance Prescriptions for Chronic Conditions Through Mail Service

Express Scripts has transferred all existing mail order maintenance prescription refills to CVS Caremark.

Starting January 1, 2021, have your CVS Caremark member ID number ready and submit your refill request for a transferred maintenance prescription to CVS Caremark Mail Service:

- **Online:** Register at [Caremark.com](https://www.caremark.com) to order refills and check the status of your order at any time;
- **By phone:** Call CVS Caremark at 1-800-240-9623 for automated refill service; or
- **By mail:** Complete a CVS Caremark Mail Service order form for each prescription. Mail the form and appropriate copayment to CVS Caremark at the address shown on the form.

To obtain a CVS Caremark Mail Service order form, go to [Caremark.com](https://www.caremark.com) and register if you have not done so already. (Be sure to have your CVS Caremark member ID number ready.) After you register, click “start mail service” to access the form. On subsequent visits, simply sign in using your username and password. **Note:** You can also call CVS Caremark at 1-800-240-9623 to request that a form be mailed to you.

Currently Taking a Brand-Name Drug Without a Generic Equivalent?

If your current brand-name prescription is identified as “non-preferred” on the CVS Caremark formulary, you may be able to save money by switching to an available, lower-cost “preferred” brand alternative.

See the Welcome Kit mailed to you in December for information about how you can check for potential cost savings on your brand-name prescriptions.

Forgot to Bring Your CVS Caremark Member ID Card With You?

No problem! You can access your member ID card information on the go at [Caremark.com](https://www.caremark.com) or through the CVS Caremark mobile app. [Learn more.](#)

How to Fill New Maintenance Prescriptions for Chronic Conditions Through Mail Service Starting January 1, 2021

For new long-term or maintenance medications, ask your doctor to write **two** prescriptions:

- The **first** for up to a 30-day supply, which you can fill at a participating retail network pharmacy for use until your mail service prescription arrives; and
- The **second** for up to a 90-day supply, plus any appropriate refills, to fill through the CVS Caremark Mail Service Pharmacy.

To fill your prescription:

- Complete a mail service order form (available at [Caremark.com](https://www.caremark.com); after you register, click “Start Rx delivery by mail” to access the form) and send it to CVS Caremark Mail Service Pharmacy, along with your original prescription(s) and the appropriate copayment for each prescription. **Be sure to include your original prescription. Photocopies are not accepted.**

OR

- Call 1-800-240-9623 for help getting set up with mail service. Be sure to have your CVS Caremark member ID number and prescription drug information ready. After verifying your demographic information and payment method, CVS Caremark can assist by contacting your doctor via fax for a new prescription. Once CVS Caremark receives the new prescription, it will be processed and mailed to you.

Important: You must mail in a CVS Caremark Mail Service order form the first time you request a new prescription through mail service. An automated refill service will be available after your first prescription order is processed. [Learn more.](#)

Bonus! Get 20 Percent Off CVS-Brand Health Items

As a CVS Caremark prescription drug program member, you can get a 20 percent discount off the regular price of most CVS-brand health-related products at retail CVS pharmacies when you use your CVS ExtraCare® Health Card.

To obtain your CVS ExtraCare Health Card:

- Register on [Caremark.com](https://www.caremark.com); then “unlock” your ExtraCare Health Benefit at [Caremark.com/ExtraCareHealth](https://www.caremark.com/ExtraCareHealth); or
- Call 1-888-543-5938.

Note that the CVS ExtraCare Health Card is separate from the CVS Caremark member ID card included in your Welcome Kit.

Special Situations

By now, CVS Caremark should have contacted 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 has received provides 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. By now, a CVS Specialty representative should have called you 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. For more information, call CVS Specialty at 1-800-237-2767 or [click here](#).

The Importance of Preventive Care

Protecting your and your family's health is one of the most important things you can do. Keeping a focus on regular preventive care can help you and your family get and stay healthier.

Preventive care, including regular medical checkups, screenings and immunizations, is important to maintaining your good health. It can help you avoid potentially serious health conditions and/or obtain early diagnosis and treatment. Generally, the sooner your doctor can identify and treat a medical condition, the better the outcome.

Talk with your doctor or other healthcare provider to determine the preventive care services that are appropriate for you and your family. Which services you should receive, and how often you should receive them, will depend on your current health, personal and family medical histories, age and gender, as well as any risk factors.

In addition, be sure to check with your carrier to confirm whether — and how — a particular preventive care service is covered.

Please note: If you are enrolled in a UnitedHealthcare medical plan option, you can review [UnitedHealthcare's preventive care guidelines for children and adults here](#).

What You Need to Know About Your Member ID Cards

UnitedHealthcare® Group Medicare Advantage (PPO) Members

If you are enrolled in the UnitedHealthcare Group Medicare Advantage (PPO) for 2021:

- The Centers for Medicare & Medicaid Services (CMS) requires that you provide a street address, and not a P.O. Box, in order to process your enrollment in this option. To confirm or update your permanent address on file, call the Nokia Benefits Resource Center.
- UnitedHealthcare will mail additional information, along with new member ID cards, to **all** UnitedHealthcare Group Medicare Advantage (PPO) members for 2021. (If you have re-enrolled in the plan, your group number will not change.)
- You will also receive a new prescription drug member ID card from CVS Caremark by January 1, 2021, to use in 2021.
- If you have not received your new cards by January 1, 2021, or if you have misplaced your cards and need new ones, you may print them from the applicable carrier's website:
 - Medical (UnitedHealthcare): www.UHCRetiree.com/Nokia. You will need to sign in or register in order to access the website. You can also call UnitedHealthcare Customer Care (Member Services) at 1-888-980-8117 (TTY: 711).
 - Prescription drug (CVS Caremark): Caremark.com. You can also call CVS Caremark at 1-800-240-9623.

Be sure to have your member ID cards handy when you receive healthcare services or fill a prescription so your provider/pharmacy can confirm your coverage and your claims can be processed correctly.

Starting in January, your healthcare provider or pharmacy should be able to confirm your coverage directly with UnitedHealthcare (medical) or CVS Caremark (prescription drug).

POS, Traditional Indemnity and HMO/Medicare HMO Members

- If you have enrolled in the POS or Traditional option for 2021, you will receive new member ID cards from UnitedHealthcare (medical) and CVS Caremark (prescription drug) by January 1, 2021, to use in 2021.
- If you have not received your new cards by January 1, 2021, or if you need new cards for yourself or additional cards for your dependents, you may print them from the applicable carrier's website:
 - Medical (UnitedHealthcare): www.myuhc.com
 - Prescription drug (CVS Caremark): Caremark.com
- For HMO coverage, contact the HMO for any questions about member ID cards. You can find contact information 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.

Starting in January, your healthcare provider or pharmacy should be able to confirm your coverage directly with UnitedHealthcare (medical for the POS and Traditional Indemnity options), CVS Caremark (prescription drug for the POS and Traditional Indemnity options) or the applicable HMO/Medicare HMO (medical and prescription drug).

Enrolled in Nokia Dental Coverage for 2021? Dental Plan Member ID Cards Are *Not* Required

Keep in mind that Aetna does not issue dental plan 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.

Enrolled in the POS or Traditional Indemnity Option? Choose Premium Care Physicians

Choosing a doctor is one of the most important health decisions you will make. If you are enrolled in the POS or Traditional Indemnity option, the UnitedHealth Premium® Program can help.

How the UnitedHealth Premium Program Works

The UnitedHealth Premium Program uses evidence-based medicine and national standardized measures to evaluate physicians in various specialties. When you choose a Premium Care Physician, you can be sure that the doctor meets the program's criteria for providing quality and cost-effective care.

How to Find a Premium Care Physician

Simply 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.

Keep in mind: If a doctor does not have a Premium designation, it does not mean that he or she provides a lower standard of care. It could mean that the data available to UnitedHealthcare was not sufficient to include the doctor in the program or that the doctor practices in a specialty not evaluated as a part of the Premium designation program. All doctors who are part of the UnitedHealthcare network must meet rigorous credentialing requirements, which are separate from the Premium program.

To learn more, visit the BenefitAnswers Plus website 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.

Attention UnitedHealthcare Members: Take Advantage of These Tools and Resources Anytime

UnitedHealthcare offers a number of tools and resources to help you manage your and your family's health and healthcare — **at no additional cost to you.**

Available to All UnitedHealthcare Members

Virtual Visits

When you do not feel well, the last thing you want to do is leave the comfort of home to sit in a waiting room. Good news! You don't have to. As part of your UnitedHealthcare medical benefits, you have an alternative for nonemergency care: virtual visits.

A virtual visit lets you see and talk to a doctor from your smartphone, tablet or computer without an appointment, for the same as or less than you would pay for an office visit. Most visits take about 10 – 15 minutes. Doctors can write a prescription¹, if needed, that you can pick up at your local pharmacy.

¹ Doctors cannot prescribe medications in all states.

Right Care. Right Place. Right Savings.

Doctor's office. Virtual visit.
Convenience care clinic. Urgent care center. Emergency room. You and your family have more options than ever when you need medical care.

UnitedHealthcare's Check. Choose. Go.® guide can help you make the right choice for your situation. [You can access the guide here.](#)

To register for and request a virtual visit:

- **If you are enrolled in the POS or Traditional Indemnity option**, log on to www.myuhc.com. In the center of your home page, you will see “My providers and facilities.” Scroll to the right, select “Virtual Visits: Connect with a Doctor Online” and register for a virtual visit.
- **If you are enrolled in the UnitedHealthcare Group Medicare Advantage (PPO)**, log on to www.UHCRetiree.com/Nokia and choose from provider sites where you can register for a virtual visit.

Once registered, you can request a visit. Pay your portion of the service via credit or debit card according to the terms of your medical plan option. Then, enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms and treatment options.

Note: Virtual behavioral health visits are also covered. For information, visit www.UHCvirtualvisits.com.

Not a UnitedHealthcare member? Check with your HMO or Medicare HMO to see if it offers a similar service.

OptumHealth™ NurseLine²

Illness or injury can happen anytime, not just during your doctor’s regular office hours. **If your situation is life- or limb-threatening, call 911 or go to the nearest emergency room (ER) immediately.** But if your situation is less serious, remember that the UnitedHealthcare OptumHealth NurseLine is a toll-free call away — 24 hours a day, seven days a week.

The NurseLine’s experienced registered nurses can answer your questions about an illness, injury or medication; help you manage a chronic condition; provide information about a variety of healthcare topics; and more. Both English- and Spanish-speaking registered nurses are available.

To reach the NurseLine:

- **If you are enrolled in the POS or Traditional Indemnity option:** Call 1-866-444-3011. You can also participate in an online Live Nurse Chat. Just log on to www.myuhc.com from any device with an Internet connection.
- **If you are enrolled in the UnitedHealthcare Group Medicare Advantage (PPO):** Call 1-877-365-7949.

Not a UnitedHealthcare member? Check your medical plan member ID card to see if your HMO or Medicare HMO offers a similar telephone or online nurse resource.

² This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor’s care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

Available to UnitedHealthcare Group Medicare Advantage (PPO) Members Only

Step Into SilverSneakers®, Your Plan's Fitness Benefit

The SilverSneakers fitness program³ is designed for people at any level of fitness. It offers a no-cost, basic fitness center membership at any of more than 13,000 participating fitness centers nationwide.

If the nearest participating location is 15 or more miles from your home, you can register for the SilverSneakers Steps® program. This personalized, no-cost program provides tools, resources and information to help you track and increase your daily activity.

For more information, contact UnitedHealthcare Customer Care (Member Services) at www.UHCRetiree.com/Nokia or 1-888-980-8117 (TTY: 711). Representatives are available from 8:00 a.m. to 8:00 p.m., local time, Monday through Friday.

³ Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a healthcare professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.

Available to POS and Traditional Indemnity Option Members Only

Voice Identification (ID)

When you call UnitedHealthcare at the number on the back of your member ID card, you can use a voice ID to authenticate yourself going forward. Here is how it works:

During your call, you will have the option to record a voice ID while speaking your date of birth. Then, whenever you call UnitedHealthcare in the future, the system will recognize you when you say your birthdate.

If you prefer not to record a voice ID, no problem! Simply follow the system prompts to authenticate your identity every time you call. The choice is yours.

Rally®

You have access to UnitedHealthcare 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 support you 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. It is available at no additional cost to you. You can access Rally at www.myuhc.com from your computer, tablet or smartphone anytime.

UnitedHealthcare® Mobile App

Think of the UnitedHealthcare app as your go-to healthcare resource for whenever you are on the go. The UnitedHealthcare app makes it easy for you to access your healthcare information, anytime and anywhere, from your mobile device.

The UnitedHealthcare app gives you tools to help you find care, manage your health plan details, and stay on top of costs. You can:

- Find network care options for doctors, clinics and hospitals in your area
- Talk to a doctor by video 24/7
- See reviews and ratings for doctors
- Generate and share digital health plan member ID cards
- View claims and account balances
- Estimate the costs of common procedures
- View your copay, coinsurance, annual deductible and/or out-of-pocket expenses

To download the UnitedHealthcare app, visit the App Store or Google Play.

myHealthcare Cost Estimator

You may be surprised to learn that different doctors, labs and hospitals can charge **different** rates for the **same** medical services — even when they are all in-network. The myHealthcare Cost Estimator gives you the information you need to make the best decisions for your health **and** your wallet.

The myHealthcare Cost Estimator can help you:

- Preview and compare your costs for a procedure or treatment at different providers and facilities
- Choose the treatment option that is best for you
- Plan your care
- Budget for your medical expenses

You can access the myHealthcare Cost Estimator from www.myuhc.com or the UnitedHealthcare app. (To log on to www.myuhc.com, you will first need to register.)

Once you have accessed the myHealthcare Cost Estimator, just search for the condition (for example, back pain) or treatment (for example, physical therapy) for which you want a cost estimate. The myHealthcare Cost Estimator will show you doctors and locations that offer those services in your area. You can also learn about your treatment options, compare estimated costs, see quality and cost-efficiency ratings and map the location of the provider or facility. The cost estimator will even give you a personalized estimate of your out-of-pocket costs, based on your option's applicable deductible, coinsurance and/or out-of-pocket maximum.

Manage Your Dental Benefits With the Aetna HealthSM App

Need to find an in-network provider? Want to check a claim or see your member ID card? You can — right from your smartphone — using the free Aetna Health app.

The Aetna Health app is available 24/7 and works with most smartphones and tablets. To get started, just follow these three easy steps:





Step 1: Search for “Aetna Health” on the App Store or Google Play to download the app.

Step 2: Register directly on the Aetna Health app or at www.aetna.com from any computer. (Once you have registered, you can skip to Step 3 and simply log on to use the Aetna Health app.)

Step 3: Use your secure member website log-on information to access the app features.

There’s an App for That!

Need benefits information on the go? With these free apps, you can manage your Nokia health and welfare benefits from your smartphone or tablet, anytime and anywhere.

Name of App	What You Can Do With It	Where to Find It
UnitedHealthcare ⁴ 	Find in-network medical providers, estimate costs, view and manage claims, access your member ID card and connect with customer service representatives.	Search for “UnitedHealthcare” on the App Store and Google Play
UnitedHealthcare Rally ⁴ 	Get personalized support and information to help you and your covered family members make healthier choices and build healthier habits.	Search for “Rally” on the App Store and Google Play
CVS Caremark 	Refill mail service prescriptions, get drug and pricing information, find a network pharmacy, track order status, view prescription history, and access your prescription plan member ID card.	Search for “CVS Caremark” on the App Store and Google Play
Aetna Health 	Find in-network dentists, check the status of a claim and view an ID card.	Search for “Aetna Health” on the App Store and Google Play

⁴ Available to POS and Traditional Indemnity option members only.

Keep Your Life Insurance and/or Savings Plan Beneficiaries Up to Date

It is important to keep your Nokia life insurance and/or Nokia Savings/401(k) Plan beneficiary information up to date. This will help your loved ones avoid delays in receiving your Nokia benefits in the event of your death. You can change your beneficiary information at any time.

To change your beneficiary designations and contact information for:

- **Life insurance** — Complete and submit the form(s) available on the BenefitAnswers Plus website at http://www.benefitanswersplus.com/retired_r/index.html. Select “Forms” in the primary tiles and then select “Insurance Forms.” Or, contact MetLife at 1-888-201-4612.
- **Savings Plan** — Log on to the Your Benefits Resources™ (YBR) website at <https://digital.alight.com/nokia> to access your Savings Plan account. Select “Your Profile” in the primary tiles and then select “Beneficiaries.” Or, call the Nokia Benefits Resource Center at 1-888-232-4111.

Coming Your Way: Tax Form 1095

As required by the Affordable Care Act (ACA; healthcare reform), employers must provide IRS 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. If this applies to you, you should expect to receive your 2020 Form 1095-C no later than January 31, 2021.

Form 1095 indicates the months of the year that you (and your dependents, if applicable) were offered or were enrolled in medical coverage during 2020. You may need Form 1095 or the information it includes in order to file your federal tax return for 2020. Nokia cannot offer tax advice, so you might consider consulting a tax advisor for further guidance on Form 1095. (**Please note:** Form 1095 will not replace any state forms you may receive that provide proof of medical insurance.)

Please note: For the 2020 tax year, California (CA), the District of Columbia (DC), New Jersey (NJ) and Rhode Island (RI) require copies of the federal 1095 tax forms (used to report healthcare coverage) for employees who are residents during the tax year. Nokia has partnered with Alight to ensure compliance with these healthcare tax filing requirements, and 1095 data will be provided to CA, DC, NJ and RI as required.

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 collective 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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