



2022 enrollment action guide

For participants in the formerly represented retiree plan design*

*Includes Long-Term Disability (LTD), COBRA and Family Security Program (FSP) participants

2022-FRR

NOKIA

2022 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 and phone enrollment period: September 27, 2021 – October 8, 2021

The 2022 annual open enrollment period begins on Monday, September 27, 2021, at 9:00 a.m., Eastern Time (ET), and ends on Friday, October 8, 2021, at 5:00 p.m., ET.

You may learn about your 2022 coverage choices and costs — as well as enroll in and/or change your Nokia health and welfare benefits coverage — online on the Your Benefits Resources (YBR) website at <https://digital.alight.com/nokia> or by calling the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) during these dates and times. Representatives are available from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.

Please note:

- This year, **the annual open enrollment period runs for two weeks *only***. You may enroll online or by phone during this time.
- You cannot use the YBR website or call the Nokia Benefits Resource Center to enroll in or make changes to your coverage for 2022, or call the Nokia Benefits Resource Center to ask questions about your 2022 plan options and pricing, until Monday, September 27, 2021, at 9:00 a.m., ET.

You must take action before Friday, October 8, 2021, at 5:00 p.m., ET. Late enrollments will not be accepted.

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

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What's changing for 2022

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, 2022.

For all participants

Retiree contributions for 2022

If you are eligible for Medicare, retired prior to March 1, 1990, and you...

- **Enroll in the UnitedHealthcare® Group Medicare Advantage (PPO):** You will not pay a monthly contribution for coverage in 2022.
- **Enroll in the Traditional Indemnity option:** Your monthly contribution for coverage will increase for 2022.

If you are eligible for Medicare, retired on or after March 1, 1990, and you...

- **Enroll in the UnitedHealthcare Group Medicare Advantage (PPO):** Your monthly contribution for coverage will not increase for 2022.
- **Enroll in the Traditional Indemnity option:** Your monthly contribution for coverage will increase for 2022.

If you are not eligible for Medicare

Regardless of when you retired, your monthly contribution for coverage will not increase for 2022.

Family Security Program (FSP) participant contributions for 2022

Note that medical coverage contributions for FSP participants are calculated based on the FSP group experience. As a result, you will not pay the same contributions as retirees. Please visit the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period to see your 2022 contributions for medical coverage.

Important reminder about coverage for diabetic supplies

CVS Caremark is not able to process diabetic supplies through mail order. If you show your CVS Caremark prescription drug member ID card to purchase diabetic supplies at CVS Caremark network retail pharmacies (including both CVS and non-CVS pharmacies), you will be subject to the plan's regular deductibles and copayments. If you have any questions about your coverage for diabetic supplies, please call CVS Caremark at 1-800-240-9623. If you are enrolled in the UnitedHealthcare Group Medicare Advantage (PPO), see "UnitedHealthcare Group Medicare Advantage (PPO) members: important information about Medicare Part B-eligible medications and diabetic supplies" on page 4 for more information.

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 2022 if you **do not** take any action during the annual open enrollment period. **It is your responsibility to confirm that your 2022 default coverage shown on the YBR website is the coverage you want for 2022.**

Confirming your default coverage is quick and easy. See "Check your default coverage" on page 5 to find out how to confirm your default coverage starting Monday, September 27, 2021.

Vaccine coverage update!

Effective August 1, 2021, UnitedHealthcare no longer contracts with CVS Caremark to cover vaccinations under the medical plan. This means that if a member visits a CVS retail pharmacy for a preventive vaccine and shows his or her UnitedHealthcare medical plan member ID card, the vaccination will be covered at the out-of-network benefit level. Please note that this does not apply to COVID-19 vaccinations, which continue to be covered at 100 percent at CVS retail pharmacies.

Vaccinations are covered at the in-network benefit level when you show your UnitedHealthcare medical plan member ID card at a doctor's office or non-CVS retail pharmacy in the UnitedHealthcare network.

For Medicare-eligible participants

Certain Medicare HMOs will no longer be offered

Due to low enrollments and/or high premium costs, the following Medicare HMOs will not be available, effective January 1, 2022:

- Aetna Health Plans of New Jersey
- Aetna Health Plans of Pennsylvania
- EmblemHealth
- UnitedHealthcare of Arizona
- UnitedHealthcare of Colorado
- UnitedHealthcare of Oklahoma

If you are currently enrolled in one of these Medicare HMOs, you will need to choose another medical plan option for 2022.

If you do not make a new election, you and any Medicare-eligible covered dependents will be automatically assigned medical coverage (i.e., enrolled in default coverage) in the UnitedHealthcare Group Medicare Advantage (PPO) for 2022. For more information about default coverage, see “Check your default coverage” on page 5.

Please note: The changes shown above affect only participants who are eligible for Medicare. The HMOs for individuals not eligible for Medicare are not changing for 2022.

New process for obtaining Medicare Part B medications through your CVS Caremark prescription drug coverage

Effective September 5, 2021, CVS Caremark will process Medicare Part B-eligible medications under Medicare as primary, at both retail pharmacies and through mail order. Medicare will pay 80 percent of the cost and the medical plan will cover the remaining 20 percent so that you will not incur a cost for your Medicare Part B-eligible medications. Here is an overview of the new process:

- **At any network retail pharmacy:** You will need to ask the pharmacy to process your prescription through Medicare first, and provide both your Medicare Part B information and a diagnosis code from your provider. (Although the Part B information should be on file at a CVS pharmacy, you should also remind the pharmacist.)
- **Through mail order:** Your Medicare Part B information will be on file and you will not need to ask that your Part B claims be filed under Medicare as primary.

You can also submit your claims to CVS Caremark by mail or via the “Submit Prescription Claim” process on the CVS Caremark website and ask that they be processed with coordination of benefits.

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 2022 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 2022* on the BenefitAnswers Plus website.

Reminder

When enrolling dependents, please be sure to review the Nokia Dependent Eligibility Rules at https://benefitanswersplus.com/retired_r/ded.html.

The rules describe who is eligible to be covered under Nokia’s medical and dental 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 limit 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.

Claims incurred during 2021 before September 5, 2021, will automatically be reprocessed as primary under the Medicare Part B coordination program. CVS Caremark will reimburse you by check for any overpayment, accompanied by a letter of explanation.

If you have any questions about your coverage for Medicare Part B-eligible medications, please call CVS Caremark at 1-800-240-9623.

UnitedHealthcare Group Medicare Advantage (PPO) members: important information about Medicare Part B-eligible medications and diabetic supplies

As a reminder, you can continue to obtain Medicare Part B-eligible medications and diabetic supplies through the UnitedHealthcare Group Medicare Advantage (PPO)'s Medicare Part B prescription drug benefit. By presenting your UnitedHealthcare medical member ID card to the pharmacist at any retail pharmacy, you can obtain your diabetic monitoring supplies at no cost. You can also obtain certain Part B drugs at a 20 percent coinsurance without being subject to the deductible. For more information, see the UnitedHealthcare Group Medicare Advantage (PPO)'s Evidence of Coverage document, which is available at www.UHCRetiree.com/nokia.

Enhancements to the UnitedHealthcare Group Medicare Advantage (PPO)

Coverage for additional medical services

Effective January 1, 2022, the plan will provide coverage for the following new services, each at a **\$0 copayment**:

- **Eight hours of CareLinX services per month:** Receive up to eight hours per month of in-home, non-medical care. To learn more, call CareLinX at 1-833-253-5403 or visit www.carelinx.com/uhcgroup.
- **Routine transportation through ModivCare:** Receive up to 24 one-way trips per year to approved medically related appointments. To learn more and to schedule your trips, call ModivCare at 1-833-219-1182 (TTY 1-844-488-9724) or visit www.modivcare.com/BookNow.
- **Home-delivered meals through Mom's Meals:** Receive up to 21 home-delivered meals per year. All meals must be ordered in one shipment. To learn more or place your order, call 1-866-224-9485 (TTY 711) or visit www.MomsMeals.com/uhc.

Review the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period for your 2022 contributions.

Attention Medicare-eligible participants: As you make your medical plan enrollment decision for 2022, keep in mind that the monthly contribution costs for the UnitedHealthcare Group Medicare Advantage (PPO) will continue to be **lower** than those for any of the Medicare HMOs.

New fitness benefit provider: Renew Active™

Effective January 1, 2022, the plan's fitness benefit will be provided through Renew Active by UnitedHealthcare. The SilverSneakers® fitness program will no longer be available after December 31, 2021.

Renew Active is available at no additional cost and focuses on better health for both your body and mind. It includes:

- Free gym membership from the program's nationwide network (including many premium gyms);
- On-demand digital workout videos and live streaming classes;
- Online Fitbit® Community; and
- AARP® Staying Sharp® online brain health program.

To learn more, visit UHCRenewActive.com.

How to enroll

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 2022 if you do not take any action during the annual open enrollment period.

Because your default coverage for 2022 may, in some cases, be different from your 2021 coverage, **it is your responsibility** to confirm that your 2022 default coverage shown on the YBR website during the annual open enrollment period is the coverage you want for 2022.

For residents of any of the 50 US states, US territories or the District of Columbia only: As a reminder, if you (and your Medicare-eligible dependent[s]) are currently enrolled in the Traditional Indemnity option, **your default coverage for 2022 will be the UnitedHealthcare Group Medicare Advantage (PPO). 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, 2021.**

Here is how to find your default coverage starting Monday, September 27, 2021.

1. Visit the YBR website at <https://digital.alight.com/nokia>.

- From the home page, select the “Health & Insurance” tab at the top of the page.
- Click the “Health & Insurance Summary” tile to be taken to the “Health & Insurance” page.
- Scroll down and click the blue “View Pending Coverage Costs (effective Jan 1, 2022)” tile.
- You will be taken to the “View or Change Future Coverage” page, where your default coverage will be displayed.

2. Alternatively, you may call the Nokia Benefits Resource Center’s automated system at 1-888-232-4111 (TTY 711) 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, “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: 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.

If you need a copy of your annual open enrollment kit

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. Here is what you need to do:

- 1. Starting September 27, 2021**, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).
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.

How to take action

If you decide to change your default coverage and take action during the annual open enrollment period, do it easily **starting at 9:00 a.m., ET, on Monday, September 27, 2021:**

- Through the YBR website at <https://digital.alight.com/nokia> or
- By calling the Nokia Benefits Resource Center.

Remember: You must take action before Friday, October 8, 2021, at 5:00 p.m., ET. Late enrollments will not be accepted.

Do you need to take action?

You may already be enrolled in the right coverage for yourself and your family and may not need to take any action during the annual open enrollment period. However, you will need to take action to:

- Choose coverage other than your default coverage (see “Check your default coverage” on the previous page);
- Add¹ or remove dependent(s) from coverage;
- Enroll in the Point of Service (POS) medical option, if the POS option is not shown as an available option on the YBR website and you are eligible to enroll in the POS option; and/or
- Make any other changes to your health and welfare benefits coverage for 2022.

If you do not take action during the annual open enrollment period, you will receive the default coverage shown on the YBR website during the annual open enrollment period.


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. (If necessary, see “Have you forgotten your YBR website User ID and/or password?” on the next page.)

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.

¹ Make sure your dependents are eligible under the Nokia eligibility rules before you add them to your coverage. You can view eligibility rules on the YBR website. You will be asked to verify the eligibility of the dependent(s) you enroll for coverage.


- **You have the option to choose** how you would prefer to receive communications from the Nokia Benefits Resource Center. Select the profile icon  at the top right of the page, then “Manage Communications.” Scroll down to the “Delivery Preference” section 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 “If you need a copy of your annual open enrollment kit” beginning on page 5.
- **Review your dependent(s) on file for each of your benefit plans** — and make any updates or corrections.
- **Click “Complete Enrollment”** either 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, October 8, 2021, 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.

Have you forgotten your YBR website User ID and/or password?

If so, go to the YBR website, select “Forgot User ID or Password?” and follow the prompts to get a new one(s).

A one-time access code will be provided to you by telephone or text message, as applicable (if you previously added your preferred telephone number — home or mobile — to the YBR website). You may also answer your security questions if you have previously completed them. If none of these are on file with YBR, you will need to request that a temporary password be sent to you by US mail. **It may take up to 10 days to receive your password through the mail.**

If you do not have Internet access, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) 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 the profile icon  at the top right of the page, 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.

Please note: If you have previously elected electronic delivery of benefits communications, adding your mobile phone number to personal information on YBR will not affect email delivery of those communications. Benefits communications will continue to be sent to your email address on file.

Thinking of opting out of medical and/or dental coverage?

During the annual open enrollment period

- You have the option to opt out of Nokia coverage during the annual open enrollment period on the YBR website at <https://digital.alight.com/nokia>, regardless of your Medicare eligibility.
- When you opt out of medical (which includes prescription drug) coverage, you are also opting out of dental coverage, and vice versa, if you are a retiree. **Please note:** If you are Medicare-eligible, keep in mind that opting out of medical (which includes prescription drug) and dental coverage will also result in the loss of the quarterly, Company-provided Medicare Part B premium reimbursements for you and your eligible dependents.
- You may be eligible to opt back in to medical (which includes prescription drug) and dental coverage during a future annual open enrollment period or if you have a qualified status change. If you are Medicare-eligible and you later opt back in to medical (which includes prescription drug) and dental coverage, the quarterly, Company-provided Medicare Part B premium reimbursements will automatically resume.

Attention Family Security Program (FSP) participants

- You cannot add new dependents to your Nokia medical coverage.
- If you drop or lose Nokia medical coverage for any reason at any time, you can **never** re-enroll.

Outside of the annual open enrollment period

- You can drop coverage at any time during the year.
- You may be eligible to opt back in to medical (which includes prescription drug) and dental coverage during a future annual open enrollment period or if you have a qualified status change.
- To drop coverage outside of the annual open enrollment period, call the Nokia Benefits Resource Center.
 - **If you are Medicare-eligible:** Enrolling in a private insurer's Medicare Part C or Medicare Part D option does not automatically disenroll you from Nokia medical (which includes prescription drug) coverage. If applicable, your enrollment in Nokia coverage is regulated by the Centers for Medicare & Medicaid Services (CMS), so the Nokia Benefits Resource Center will notify you of the earliest possible effective date for disenrollment (based on CMS guidelines). Please note that, if you are a retiree and you disenroll from Nokia medical (which includes prescription drug) coverage, you will also be disenrolled from Nokia dental coverage, and vice versa. For more information about Medicare, see "What you need to know about Medicare" beginning on page 12.

In addition, as noted above, please keep in mind that disenrolling from Nokia medical (which includes prescription drug) and dental coverage will also result in the loss of the quarterly, Company-provided Medicare Part B premium reimbursements for you and your eligible dependents. If you later opt back in to Nokia medical (which includes prescription drug) and dental coverage, these reimbursements will automatically resume.

Important reminders

Take note of the following for the annual open enrollment period — and all year.

Medical option-specific reminders

Concerning the POS and Traditional Indemnity options

- **What you need to know about your medical and prescription drug member ID cards.**
 - CVS Caremark will not provide current members with new prescription drug member ID cards for 2022. Please continue to use your current CVS Caremark member ID card in 2022.
 - If you are changing your UnitedHealthcare medical plan option or are enrolling in UnitedHealthcare medical coverage for the first time for 2022, you will receive a new medical plan member ID card from UnitedHealthcare by January 1, 2022. (If you are newly enrolling in UnitedHealthcare medical coverage, you will also receive a new prescription drug member ID card from CVS Caremark by January 1, 2022.)
 - If you are not changing your UnitedHealthcare medical plan option for 2022, continue to use your current medical plan member ID card in 2022. You will not receive a new medical plan member ID card. However, updated medical plan member ID cards that show your medical deductibles and out-of-pocket maximums (as applicable) will be available for download on the UnitedHealthcare website starting January 1, 2022. You may also call UnitedHealthcare at the toll-free phone number on your current card and request a new member ID card from Customer Service.
 - If you have not received your new cards by January 1, 2022, 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
- **Is the POS option not listed as a coverage option on the YBR website?** You may live in an area with limited access to doctors and hospitals in the POS network. If the POS option is not shown as an available option on the YBR website at <https://digital.alight.com/nokia> and you are not eligible for Medicare, you can still enroll in the POS option if you are comfortable with the distance between you and POS network doctors and hospitals. If you are currently enrolled in the POS option for 2021 under these circumstances, your POS coverage **will not** automatically carry over to 2022. You must take action to re-enroll.
 - **If you are eligible to enroll in the POS option for 2022 and it is not listed as a coverage option on the YBR website, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) during the annual open enrollment period to enroll. Please note: The POS option is not available to Medicare-eligible participants nor to participants in the Family Security Program (FSP).**
- **Looking for an in-network UnitedHealthcare POS provider?** Use the information below when you are looking for an in-network POS provider on the UnitedHealthcare website (remember, you can also find in-network providers using the YBR website):

The importance of using your Nokia prescription drug program

Your Nokia prescription drug coverage offers many advantages when filling prescriptions. In addition to ensuring that you are using the lowest cost drug for your condition, the prescription drug program has safeguards in place to make sure that:

- Your medication is being used correctly and safely for the condition for which it is prescribed,
- You are advised of any side effects of your medication,
- You are advised of any interactions between the medications you are taking,
- You are advised whether the drug may be a high-risk medication for patients age 65 and older,
- Safe dosing levels of opioids are monitored, and
- Long-term opioid use is minimized.

To learn more, call CVS Caremark at 1-800-240-9623 or visit Caremark.com.

- On www.myuhc.com, click “Find a Provider” and then choose the type of provider and then your plan. If you live in Maine, Massachusetts or New Hampshire, choose “UnitedHealthcare Choice Plus with Harvard Pilgrim”; if you live in any other state, choose “UnitedHealthcare Choice Plus.”
- **Have questions about Other Covered Charges (OCC) coverage?** Check out the OCC FAQs on the BenefitAnswers Plus website at www.benefitanswersplus.com.
- **Manage your health with Rally®.** Your UnitedHealthcare medical plan option gives you access to Rally, a user friendly digital experience on myuhc.com® that will engage you by using technology, gaming and social media to help you understand, learn about and feel supported on your health journey. Rally offers personalized recommendations to help you and your covered family members make healthier choices and build healthier habits — one small step at a time. You can access Rally at www.myuhc.com from your computer, tablet or smartphone anytime.

Contribution costs for Nokia health and welfare coverage are either deducted from monthly pension payments or directly billed.

Retirees who want to switch from direct billing to pension deductions should call the Nokia Benefits Resource Center.

Participants who are directly billed may go to the YBR website to elect the Direct Debit or Pay Now method of payment.

Concerning the UnitedHealthcare Group Medicare Advantage (PPO)

- **Re-enrolling in, being defaulted into, or enrolling in the UnitedHealthcare Group Medicare Advantage (PPO) for the first time for 2022?**
 - The Centers for Medicare & Medicaid Services (CMS) requires that you provide a street address, and not a PO Box, in order to process your enrollment in this option. To confirm or update your permanent address on file, call the Nokia Benefits Resource Center.
 - After annual open enrollment ends, UnitedHealthcare will mail additional information, along with new member ID cards, to **all** UnitedHealthcare Group Medicare Advantage (PPO) members for 2022. (If you are re-enrolling 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, 2022, to use in 2022.

Concerning an HMO/Medicare HMO

- **Contact the HMO/Medicare HMO for any questions about member ID cards.** You can find contact information on the back of your HMO/Medicare HMO ID card (if you are currently enrolled) and in *Benefits at-a-glance and resource contact information 2022* on the BenefitAnswers Plus website.

Dental option-specific reminders

- **Aetna does not issue dental member ID cards.** You do not need to present an ID card to receive services under the plan. However, if you would like to have a member ID card, you can print one out from www.aetna.com.
- **To get the most from your dental coverage, visit www.aetna.com.** Learn how your coverage works, access claims information and, if you are enrolled in the DMO option, find network dentists.
- **Remember, the DMO option will not appear as a coverage option on the YBR website during the annual open enrollment period.** The DMO option is available only in a limited area. If the DMO option is available to you and you want to enroll, you must first enroll in the Aetna Traditional option and then switch to the Aetna DMO option during the year. For more information about the DMO option (including availability in your area) or to switch to the DMO option, contact Aetna directly at 1-800-220-5479.

General reminders

- **Are you dropping a dependent from coverage? Here is what you should know about COBRA.**
 - **COBRA continuation coverage is not offered to dependents removed from coverage during the annual open enrollment period.** If your dependent is experiencing a qualified status change (due to circumstances causing your dependent to no longer be eligible for coverage under the plan) and you remove that dependent from your coverage during the annual open enrollment period, your dependent will

not be eligible for COBRA continuation coverage. Instead, if you have a dependent who experiences a qualified status change, report that change through the “Life Events” section on the YBR website (or call the Nokia Benefits Resource Center). Note: Typically, you must report all qualified status changes within 31 days of the change occurring. However, as a result of the declaration of a national emergency due to the Coronavirus (COVID-19) pandemic, this 31-day period will not start to run until the earlier of (a) the 60th day immediately following the end of the declaration of the national emergency due to the COVID-19 pandemic, and (b) the one-year anniversary of the date of the qualified status change. Log on to YBR or call the Nokia Benefits Resource Center for more information.

- **COBRA continuation coverage is offered to dependents who lose coverage due to reaching the age limit.** Dependents aging out of group health plan eligibility will maintain coverage through the end of the year in which they turn age 23, at which point they will then become eligible for COBRA continuation coverage. If your dependent is aging out, you will receive communications about the loss of coverage and the applicable COBRA paperwork. (Your dependent will also receive the applicable COBRA paperwork.)
- **Keep in mind: Changes in your doctor’s or healthcare provider’s network participation are not considered qualified status changes.** Medical carriers’ contracts with network providers may expire at any time during the year. You cannot make changes to your coverage and/or add/drop dependents outside of the annual open enrollment period due to these types of changes. Visit the YBR website at <https://digital.alight.com/nokia> (select the “Life Events” tab) for more information about qualified status changes.
- **Interested in the Vision Discount Program or the other “voluntary benefits” offered by Added Benefits?** Keep the following in mind:
 - **Vision Discount Program:** As a Nokia retiree, the Vision Discount Program is automatically available to you at no cost, and enrollment is not required. You can enjoy discounts on a wide variety of eye care services, including comprehensive eye exams, eyeglasses, contact lenses and LASIK surgery at participating providers. You can print your Vision Discount Program ID card from www.addedbenefitsaccess.com.
 - **Identity theft protection services, auto and home insurance and pet insurance:** You may also be eligible for these additional voluntary benefits. You can enroll in or drop these coverages anytime during the year.

To learn more or to enroll, visit www.addedbenefitsaccess.com or call Added Benefits at 1-800-622-6045.

As a reminder, Nokia does not make any endorsement of or representation regarding any product or service provided under any voluntary benefits program. Note that the enrollment information in this guide does not apply to your voluntary benefits.

- **Do you receive a Form W-2?** The Affordable Care Act (ACA) requires that employers disclose the value of the employer-provided benefit for health insurance coverage on each participant’s Form W-2.
- **You may receive the ACA-required Internal Revenue Service (IRS) Form 1095-C.** The ACA requires that employers provide Form 1095-C to certain (but not all) plan participants each year. The form serves as proof that you met the ACA’s requirement for having qualifying healthcare coverage during the year. Employers must provide forms for the 2021 tax year to participants, as applicable, no later than January 31, 2022.
- **Be sure your beneficiaries are up to date.** Take care of the people who matter most. Use this annual open enrollment opportunity to review, add or update your beneficiary designation(s) on file. Visit the BenefitAnswers Plus website at www.benefitanswersplus.com for information.
- **Review your permanent address on file.** As a reminder, the Nokia Benefits Resource Center recognizes your permanent address on file as your mailing address. That address also determines your eligibility for some benefit plan options. To confirm or update your permanent address on file, call the Nokia Benefits Resource Center.
- **The Nokia Health Plans’ Notice of Privacy Practices is available on the BenefitAnswers Plus website.** Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Nokia health plans are required to provide you with a notice about their privacy practices, their legal duties and your rights concerning your health information. You can find this notice among your annual open enrollment materials on the BenefitAnswers Plus website at www.benefitanswersplus.com.

What you need to know about Medicare

Your Nokia medical and prescription drug coverage may be impacted by Medicare. Take note of these details if you and/or your dependent(s) are Medicare-eligible.

Nokia coverage options when you are Medicare-eligible but your dependent is not (and vice versa)

In most cases, covered dependent(s) must be enrolled in the same Nokia medical option and with the same healthcare carrier you choose for yourself. However, there are exceptions:

If you are Medicare-eligible

If you enroll in the following medical option...	Then coverage for you and your Medicare-eligible dependent(s) will be...	And coverage for your dependent(s) not eligible for Medicare will be...
UnitedHealthcare Group Medicare Advantage (PPO)	UnitedHealthcare Group Medicare Advantage (PPO) and CVS Caremark prescription drug coverage	Point of Service (POS) medical and CVS Caremark prescription drug coverage, if there is a UnitedHealthcare POS in your area; otherwise, Traditional Indemnity medical and CVS Caremark prescription drug coverage
Traditional Indemnity	Traditional Indemnity medical, with Medicare primary, and CVS Caremark prescription drug coverage	
Medicare Health Maintenance Organization (HMO)	Medicare HMO, with Medicare HMO prescription drug coverage	HMO, with HMO prescription drug coverage

If you are not eligible for Medicare

If you enroll in the following medical option...	Then coverage for you and your dependent(s) not eligible for Medicare will be...	And coverage for your Medicare-eligible dependents will be...
Point of Service (POS)	POS medical and CVS Caremark prescription drug coverage	Traditional Indemnity medical, with Medicare primary, and CVS Caremark prescription drug coverage
Traditional Indemnity	Traditional Indemnity medical and CVS Caremark prescription drug coverage	
Health Maintenance Organization (HMO)	HMO, with HMO prescription drug coverage	Medicare HMO, with Medicare HMO prescription drug coverage

You must be entitled to Medicare Part A and enrolled in Medicare Part B

Under the Nokia plan provisions, Medicare-eligible participants must be entitled to Medicare Part A and enrolled in Medicare Part B to receive benefits coverage through the Plan. Medicare Part A offers hospitalization benefits. Medicare Part B offers medical benefits such as doctor and ambulance services.

You may become automatically enrolled in Medicare Part B if you receive Social Security benefits. When you are enrolled in Medicare Part B, you will pay a monthly premium cost for coverage. Check with Medicare for information about your personal situation.

Medicare Part C medical options — what you should know

- **Medicare Advantage Preferred Provider Organization (PPO) plans — like the UnitedHealthcare Group Medicare Advantage (PPO) — and Medicare HMOs are “Medicare Part C” options.** By enrolling in one of these medical options, you agree to receive standard Medicare Part A and Medicare Part B services through that medical option.
- **If you enroll (or continue coverage) in a Medicare HMO offered by the Plan, you will receive prescription drug coverage directly through that Medicare HMO.** Plan designs vary. You must go to hospitals, doctors, pharmacies and other providers in the Medicare HMO’s network to receive coverage.
- **Shortly after enrolling in a Medicare HMO through the YBR website or the Nokia Benefits Resource Center, you may receive form(s) in the mail from the Nokia Benefits Resource Center.** Complete the form(s) with your personal information, Medicare information and signature, and return them to the Nokia Benefits Resource Center by the deadline stated on the form(s) to avoid any delays in receiving coverage.
- **Other Medicare HMO and Medicare Part C options may be available to you from other private insurers.** You cannot be enrolled in more than one Medicare Part C plan option at the same time. Enrolling in a private insurer’s Part C plan does not automatically cancel any Nokia coverages you may have defaulted to or enrolled in during the annual open enrollment period. You must call the Nokia Benefits Resource Center to disenroll from your Nokia medical and prescription drug coverage if you want to enroll in a private insurer’s Part C plan outside of the Company-sponsored Plan during the year.
- **Medicare HMO contribution costs will be final in December.** Because the Medicare HMOs require approval by CMS, the final plan designs and contribution costs will not be available to the Nokia Benefits Resource Center during the annual open enrollment period. It is expected that the Nokia Benefits Resource Center will have the final plan designs and contribution costs in December. If you decide to enroll in a Medicare HMO during the Nokia annual open enrollment period and the contribution cost is later reduced, you will receive written notification. The contribution cost will not be higher than what is shown on the YBR website during the annual open enrollment period.

Enrollment and disenrollment are not solely within the control of Nokia and rely heavily on decisions made by CMS

If you are Medicare-eligible, you can disenroll from or switch between the UnitedHealthcare Group Medicare Advantage (PPO), Traditional Indemnity and Medicare HMO options offered by the Plan **at any time during the year** by calling the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711). However, CMS approval is required. As a result, all elections and effective dates of coverage are driven by CMS. To determine which Medicare HMOs are available to you through the Plan, review the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period.

Important note: If you switch between these medical options during the year, any amounts you have paid toward your prior option’s deductible and out-of-pocket maximum will not carry over to your new option. Your deductible and out-of-pocket maximum will start over when your coverage in your new option begins.

Medicare Part D plans may be available to you

If you enroll in a Medicare Part D prescription drug plan outside of the Nokia plan, then you are making the choice to opt out of the Nokia plan's prescription drug coverage. This means that all of the following apply:

- Your Nokia prescription drug coverage will no longer pay any portion of your prescription medications — even if the Medicare Part D coverage does not pay for a claim.
- You and/or your dependent(s) who have enrolled in another Medicare Part D plan will need to begin paying premium costs to the new Medicare Part D provider for Medicare Part D coverage.
- Your contribution costs, if any, for coverage under the Nokia plan will not be adjusted. Nokia cannot provide varying contribution structures, so you will continue to pay the same contribution costs as someone who still has prescription drug coverage under the Nokia plan.
- Nokia prescription drug coverage will continue to cover:
 - Any dependent(s) not eligible for Medicare who are enrolled in the Nokia plan; and
 - Any Medicare-eligible dependent(s) who have not enrolled in another Medicare Part D plan.

Find out more details about Medicare

Review details about Medicare Parts A, B, C and D — including premium costs and any applicable deductibles, copayments and other costs — in the *Medicare & You* handbook mailed to all Medicare households each fall. It is also available on the Medicare website at www.medicare.gov or by calling Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week.

Resources for now and later

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

Your Benefits Resources (YBR) website https://digital.alight.com/nokia (personalized and password protected)	BenefitAnswers Plus website www.benefitanswersplus.com (non-personalized — no password required)
<ul style="list-style-type: none">• View your current coverage• Review and compare your 2022 healthcare options and contribution costs — and enroll online! (September 27, 2021 – October 8, 2021)• Opt out of your 2022 coverage• Find a doctor or healthcare provider• Learn more about your Nokia benefits• Review, add or change the information on file for your dependent(s)• Understand how a Life Event may change your benefits	<ul style="list-style-type: none">• See benefits news and updates, including coverage tips and reminders• Get your enrollment materials• Find answers to your benefits questions• View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs)• Find carrier contact information throughout the year

More to come

Be sure to check out the BenefitAnswers Plus website at www.benefitanswersplus.com in December for important coverage reminders and tips on using your benefits in 2022.

If you do not have access to the Internet, the Nokia Benefits Resource Center can help you resolve a unique benefits issue or enroll in or make changes to your coverage.

Call 1-888-232-4111 (TTY 711); 1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada. Representatives are available from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.

This communication is intended to highlight some of the benefits provided to eligible participants under the Nokia health and welfare plans. More detailed information is provided in the official plan documents. In the event of a conflict between any information contained in this communication and the terms of the plans as reflected in the official plan documents, the official plan documents shall control. The Board of Directors of Nokia of America Corporation (the “Company”) (or its delegate[s]) reserves the right to modify, suspend, change or terminate any of the benefit plans at any time, 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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