

2025 Medicare facts



Medicare and your Nokia coverage

Use this guide to learn more about Medicare and how it works with your Nokia medical and prescription drug coverage.

For participants in the formerly represented retiree plan design

This guide is intended to provide an overview of the retiree healthcare coverage Nokia offers to eligible participants and their eligible dependent(s), and how it works with Medicare. **It does not guarantee your and/or your dependent's(s') eligibility for such coverage.** To review your and/or your dependent's(s') eligibility for such coverage, please refer to the online materials on the Your Benefits Resources™ (YBR) and BenefitAnswers Plus websites anytime.

Reviewing this guide — in addition to the other information you receive from Nokia, the healthcare carriers and the Centers for Medicare & Medicaid Services (CMS) — can help you as you make your healthcare coverage decisions.

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Read the *Medicare & You 2025* handbook first

The *Medicare & You 2025* handbook is a helpful publication from CMS that summarizes your Medicare benefits and answers the most frequently asked questions about Medicare. The current handbook is 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, 7 days a week.

Note

In this guide, the “Plan” refers to the Medical Expense Plan for Retired Employees, a component plan of the Nokia Retiree Welfare Benefits Plan.

Important!

Before you enroll in Nokia's coverage for Medicare-eligible participants

If you (and/or your spouse and/or eligible dependent[s]) are becoming eligible for Medicare and plan to enroll in Nokia's retiree healthcare coverage, you (and/or your spouse and/or eligible dependent[s]) must:

- Be enrolled in Medicare Part A **and** Medicare Part B;
- Use correct Medicare information when you enroll in Nokia's retiree healthcare coverage;
- Make sure all of your personal information on file with the Nokia Benefits Resource Center matches what is shown on your Medicare ID card; and
- Not elect Medicare coverage offered through a separate, private insurer (not offered through Nokia).

See page 9 for details.

Getting started

Get to know your A's, B's, C's and D's of Medicare

Medicare is the U.S. federal government's health insurance program for people who are age 65 or older or who have certain disabilities.

There are four parts to Medicare. Here is a brief summary for your reference:

| Feature | Part A | Part B | Part C | Part D |
|---------------------------------|--|---|--|---|
| Purpose of coverage | Hospitalization benefits, such as room and board | Medical benefits, such as doctor and ambulance services | Offers the same services covered under Parts A and B, plus additional preventive care coverage and (sometimes) coverage for prescription drugs and dental, vision and hearing care | Prescription drug coverage |
| Enrollment | Most people are automatically enrolled at age 65 (check with Medicare for your personal situation) | You may become automatically enrolled if you receive Social Security benefits (check with Medicare for your personal situation) | You enroll through a private health insurer or other plan sponsor | You enroll through a private health insurer or other plan sponsor |
| Premium costs | You pay no premium costs if you are entitled to Medicare and Social Security or Railroad Retirement benefits because you or your spouse paid FICA taxes while you were working (before retirement) | There is a monthly premium cost that may change each year and is generally deducted from your Social Security check, unless otherwise paid for by Medicaid or another third party | There is a monthly premium cost, which may vary depending on the health plan offering coverage and the level of benefits coverage provided | There is a monthly premium cost, which can vary based on your geographic location and the plan you choose |
| Who administers coverage | CMS | CMS | Private health insurer | Private health insurer |

Understanding Nokia's retiree healthcare coverage

Nokia's healthcare coverage includes medical coverage (which includes prescription drug benefits) and dental coverage. If you enroll in one coverage (e.g., medical or dental), you are automatically enrolled in both coverages.

What happens when you become eligible for Medicare

You can participate in Nokia's healthcare coverage that is offered to participants **not eligible** for Medicare until the earlier of:

- The end of the month prior to your effective date of Medicare eligibility due to your 65th birthday; or
- The date you become Medicare-eligible for another reason.

For example: If you are enrolled in the Point of Service (POS) coverage option, and your 65th birthday is on April 15 of a given year, you can keep the POS coverage until March 31 of that year. (More information about the specific coverage options available to Medicare-eligible participants and Medicare-eligible dependent[s] is on the following pages.)

You will receive a package in the mail from CMS approximately three months prior to your 65th birthday. (Your spouse and/or dependent[s] will also receive packages from CMS approximately three months prior to their 65th birthdays.) The package will contain your Medicare ID card, which notes your Medicare effective date, and information about Medicare Part A and Medicare Part B coverage.

You will also receive a package in the mail prior to your effective date of Medicare eligibility from the Nokia Benefits Resource Center, with information about the specific coverage available to you and the next steps to take to enroll in coverage. You can choose to enroll in the Nokia healthcare coverage available to Medicare-eligible participants, or decline ("opt out of") coverage. To receive benefits from Nokia's medical coverage for Medicare-eligible participants, you must be enrolled in Medicare Part A and Medicare Part B.

If you are already enrolled in Nokia's coverage and become Medicare-eligible during the year, in most cases (if you take no action) you will be automatically transferred into the default medical coverage for Medicare-eligible participants on your effective date of Medicare eligibility. Review the information you receive from the Nokia Benefits Resource Center to determine if the default coverage is right for you and your covered dependent(s).

To help secure a seamless transition when you or your dependent(s) become Medicare-eligible, it is highly recommended that you call the Nokia Benefits Resource Center to confirm your Medicare Part A and Medicare Part B effective dates.

What happens if you become Medicare-eligible due to a disability during the year

If you (or your spouse and/or eligible dependent[s]) become Medicare-eligible during the year due to a disability, you must notify the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) (1-212-444-0994 if you are calling from outside of the United States, Puerto Rico or Canada) at least one month prior to the date of Medicare eligibility. Your notification helps Nokia accurately coordinate your benefits with Medicare.

Review Medicare details

Remember, you can find specific information about Medicare coverage, including premium costs and any applicable deductibles, copayments and other costs, by reviewing the *Medicare & You 2025* handbook on the Medicare website at www.medicare.gov. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, 7 days a week.

When you can change your coverage

You can make changes to your Nokia coverage during the annual open enrollment period (typically held each year in the fall for coverage elections for the upcoming year) or if you and/or your eligible dependent(s) experience a qualified status change during the year (such as marriage, divorce or death). You can make these changes on the YBR website or by calling the Nokia Benefits Resource Center.

In addition, as a Medicare-eligible participant, you can drop Nokia's healthcare coverage for yourself and/or any covered dependent(s) at any time of the year by calling the Nokia Benefits Resource Center.

- **Once you are Medicare-eligible, keep in mind that:**

- Opting out of medical coverage (which includes prescription drug benefits) 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.
- Enrolling in a private insurer's Medicare Part C or Medicare Part D option does not automatically disenroll you from Nokia's medical coverage. **You must actively disenroll from Nokia's medical coverage by calling the Nokia Benefits Resource Center.** Please note that, if you are a retiree and you disenroll from Nokia's medical coverage, you will also be disenrolled from Nokia's dental coverage, and vice versa.
- You may be eligible to opt back in to Nokia's medical 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 and dental coverage, the quarterly Company-provided Medicare Part B premium reimbursements will automatically resume.

If you drop Nokia's retiree healthcare coverage

If you drop Nokia's retiree healthcare coverage during the year, you can re-enroll only during the Nokia annual open enrollment period, or if you experience a qualified status change during the year. (This does not apply to participants in the Family Security Program [FSP]. FSP participants who drop coverage can never re-enroll.)

Paying for coverage

You can elect to have your contributions for retiree healthcare coverage, if any, deducted from your monthly pension payment (if applicable) or billed directly to you. You can change your election at any time by contacting the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).

Where can I find my specific coverage options, plan designs and premium costs?

The information in this guide summarizes the Nokia retiree healthcare coverage options available to most eligible participants. For details, visit the YBR website at digital.alight.com/nokia or call the Nokia Benefits Resource Center at any time during the year at 1-888-232-4111 (TTY 711). Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

Nokia's coverage options

Coverage option for participants eligible for Medicare

Medical coverage

The Nokia retiree medical coverage option available to most Medicare-eligible participants is the UnitedHealthcare® Group Medicare Advantage Preferred Provider Organization (PPO).

The UnitedHealthcare Group Medicare Advantage (PPO) — like other Medicare Advantage plans — is a Medicare Part C option. By enrolling in the UnitedHealthcare Group Medicare Advantage (PPO), you agree to receive standard Medicare Part A and Medicare Part B services through that option.

Note that CMS approval is required for enrollment in and disenrollment from the UnitedHealthcare Group Medicare Advantage (PPO). As a result, all elections and effective dates of coverage are determined by CMS.

Highlights of the UnitedHealthcare Group Medicare Advantage (PPO) include:

| Feature | UnitedHealthcare Group Medicare Advantage (PPO) |
|-------------------------------------|---|
| Networks | You can see any provider (in-network or out-of-network) at the same cost share, as long as the provider accepts the plan and has not opted out of or been excluded or precluded from the Medicare program |
| Primary care physician (PCP) | Although recommended, you do not need to select a PCP or receive a referral to see a specialist |
| Preventive care services | Generally covered at 100% |

Prescription drug coverage

You automatically receive prescription drug coverage when you enroll in Nokia's medical coverage. You cannot elect prescription drug coverage independently from Nokia's medical coverage.

If you enroll in the UnitedHealthcare Group Medicare Advantage (PPO), your prescription drug coverage will be provided by CVS Caremark. See page 11 for more information.

Other Covered Charges (OCC) coverage — does not apply to the UnitedHealthcare Group Medicare Advantage (PPO)

If you retired and elected additional OCC coverage prior to becoming Medicare-eligible, please keep in mind:

- If you enroll in the UnitedHealthcare Group Medicare Advantage (PPO), you will not be charged for OCC coverage, even though you will see the cost for OCC coverage when you enroll; and
- If you reduce or cancel your elected OCC coverage amount, you cannot increase or reinstate it in the future.

Coverage options for your spouse and/or eligible dependent(s)

Medical coverage

If you and your spouse and/or eligible dependent(s) are eligible for Medicare

Your spouse and/or eligible dependent(s) must be enrolled in the same medical option: **the UnitedHealthcare Group Medicare Advantage (PPO)**.

If you are eligible for Medicare and your spouse and/or eligible dependent(s) are not eligible for Medicare

The Nokia medical coverage options for your dependent(s) will vary and may include:

- UnitedHealthcare POS; or
- UnitedHealthcare Traditional Indemnity (TI).

See pages 6 and 8 for more information on the medical options and the prescription drug coverage included with each option.

If you are not eligible for Medicare, but your spouse and/or eligible dependent(s) are eligible for Medicare

Your spouse and/or eligible dependent(s) are not eligible for the UnitedHealthcare Group Medicare Advantage (PPO). They are eligible for the UnitedHealthcare TI option.

See pages 6 and 8 for more information on the medical options and the prescription drug coverage included with each option.

Highlights of the differences among the Nokia medical options that may be available to your eligible dependent(s) include:

| Medical option | Networks | PCP | Preventive care services |
|--|---|---|--|
| POS | Generally, if you receive care from in-network healthcare providers, you will have lower out-of-pocket expenses than if you use out-of-network healthcare providers | Although recommended, you do not need to select a PCP or receive a referral to see a specialist | Covered in-network after you pay a copayment |
| TI | You can see any healthcare provider at the same cost share | Not applicable | Generally not covered |
| UnitedHealthcare Group Medicare Advantage (PPO) | You can see any provider (in-network or out-of-network) at the same cost share, as long as the provider accepts the plan and has not opted out of or been excluded or precluded from the Medicare program | Although recommended, you do not need to select a PCP or receive a referral to see a specialist | Generally covered at 100% |

When and how is coverage for your spouse and/or eligible dependent(s) different than yours?

See the quick reference tables on page 8.

For easy reference...

Here is a quick summary of when and how your and your spouse's and/or eligible dependent's(s') coverages may differ:

If you are eligible for Medicare

| If you elect 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 | POS medical and CVS Caremark prescription drug coverage, if the UnitedHealthcare POS is available in your area; otherwise, TI medical and CVS Caremark prescription drug coverage |

If you are not eligible for Medicare

| If you elect the following medical option... | Then coverage for you and your dependent(s) not eligible for Medicare will be... | And coverage for your Medicare-eligible dependent(s) will be... |
|--|--|--|
| POS | POS medical and CVS Caremark prescription drug coverage | TI medical, with Medicare primary, and CVS Caremark prescription drug coverage |
| TI | TI medical and CVS Caremark prescription drug coverage | |

If the POS option is not available in your area

The UnitedHealthcare POS option is offered based on where you live. If the UnitedHealthcare POS option is not available in your area but your spouse and/or eligible dependent(s) still wish to enroll in the option during your enrollment period, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) for more information. Your spouse and/or eligible dependent(s) must not be eligible for Medicare and must be comfortable with the driving distance to the doctors and hospitals that participate in the POS network.

Medicare and your Nokia coverage

Before you enroll in Nokia's retiree healthcare coverage


Simplify your enrollment

If you (and/or your spouse and/or eligible dependent[s]) are becoming Medicare-eligible and plan to enroll in Nokia's retiree healthcare coverage for Medicare-eligible participants, there are things you can do to simplify your enrollment and avoid delays and issues with CMS and the enrollment process:

- **Ensure that you and each eligible Medicare-eligible dependent are enrolled in Medicare Part A and Medicare Part B.** Nokia's coverages coordinate with Medicare or are CMS regulated.
- **Use the correct Medicare information when you enroll.** You may be asked to provide your Medicare Part A and Medicare Part B effective date(s) of coverage and your Medicare Beneficiary Identifier (MBI) during the Nokia enrollment process. These are located on your Medicare ID card. Medicare information is assigned to individual members and not family units. If you are enrolling yourself and another Medicare-eligible dependent, be sure you are using the right Medicare information for each person. **Please note:** You must use a street address for enrollment. CMS will not accept a PO Box address.
- **Match your personal information on file with the Nokia Benefits Resource Center (some of which is shown on the YBR website at digital.alight.com/nokia or is available by calling the Nokia Benefits Resource Center at 1-888-232-4111 [TTY 711]) with the information on your Medicare ID card.** Your acceptance into the UnitedHealthcare Group Medicare Advantage (PPO) is subject to CMS approval. Any discrepancies in information could result in a delay in coverage. The specific information that needs to match is your:
 - ✓ Medicare Part A and Medicare Part B effective date(s) of coverage
 - ✓ Medicare Beneficiary Identifier (MBI)
 - ✓ First name
 - ✓ Last name
 - ✓ Social Security Number
 - ✓ Date of birth
 - ✓ Gender
 - ✓ Address

Update your and your eligible dependent's(s') personal information on file

To avoid delays in receiving coverage, it is critical for you to ensure that both Medicare and the Nokia Benefits Resource Center have the same, correct personal information on file for you and your Medicare-eligible spouse and/or eligible Medicare-eligible dependent(s). Here is how to update your personal information:

| To update personal information with: | Where to find it: | How to update it: |
|---|---|--|
| Medicare | Your Medicare ID card | To make a change with Medicare, contact the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778), from 7:00 a.m. to 7:00 p.m., ET, Monday through Friday. |
| The Nokia Benefits Resource Center | The YBR website or the Nokia Benefits Resource Center | To make a change with the Nokia Benefits Resource Center: <ul style="list-style-type: none">• Online: Go to digital.alight.com/nokia. Select the profile icon  at the top right of any page, then the "Personal Information" link and then the applicable "Change" button(s).• By phone: Call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711), from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday. |

How Medicare works with Nokia's retiree medical coverage

To receive benefits from Nokia's medical coverage for Medicare-eligible participants, you (and your Medicare-eligible spouse and/or Medicare-eligible eligible dependent[s]) must be:

- **Enrolled in Medicare Part A.** In most cases, you are automatically enrolled in Medicare Part A starting the first day of the month of your 65th birthday. (Check with Medicare for your personal situation.) You usually do not pay a monthly premium for Medicare Part A coverage if you paid FICA taxes while working.
- **Enrolled in Medicare Part B.** You may become automatically enrolled in Medicare Part B if you receive Social Security benefits. Otherwise, you must enroll. (Check with Medicare for your personal situation.) **When you become enrolled, you will pay a monthly premium for Medicare Part B coverage.**

Note

If you are Medicare-eligible because of end-stage renal disease, contact the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711), from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday, and the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778), from 7:00 a.m. to 7:00 p.m., ET, Monday through Friday, to determine what you need to do to enroll.

You may also be required to pay an additional premium for the Nokia retiree healthcare coverage you choose.

What happens if you are not enrolled in Medicare Part A and Medicare Part B

If you (and your spouse and/or eligible dependent[s]) are Medicare-eligible and are not enrolled in Medicare Part A and Medicare Part B, CMS will not allow you to be enrolled in the UnitedHealthcare Group Medicare Advantage (PPO), and you will not receive medical benefits through Nokia.

Medicare Part C options require approval from CMS

The UnitedHealthcare Group Medicare Advantage (PPO) is a Medicare Part C option. You must be enrolled in Medicare Part A and Medicare Part B to receive Medicare Part C benefits. You cannot be enrolled in more than one Medicare Part C option. Also, remember that CMS approval is required for enrollment in and disenrollment from the UnitedHealthcare Group Medicare Advantage (PPO). As a result, all elections and effective dates of coverage are determined by CMS.

Other Medicare Part C plans are available

Medicare Advantage Preferred Provider Organization (PPO) and other Medicare Part C plans (such as Medicare Health Maintenance Organizations [HMOs]) are also available from private insurers. Enrolling in a Medicare Part C plan other than the Nokia-sponsored Plan does not automatically cancel any Nokia coverages in which you are enrolled. To enroll in a Medicare Part C plan other than the Nokia-sponsored Plan, **you must call the Nokia Benefits Resource Center to disenroll from your Nokia coverage.** If you later disenroll from the other plan, you may be eligible to re-enroll in Nokia's coverage if you experience a qualified status change or during the Nokia annual open enrollment period (typically held each year in the fall). For information on other Medicare Part C plans, contact Medicare.

Prescription drug coverage is offered

Medicare-eligible participants and their Medicare-eligible spouses and/or Medicare-eligible dependent(s) enrolled in the UnitedHealthcare Group Medicare Advantage (PPO) option automatically receive the same prescription drug coverage as participants not eligible for Medicare.

Prescription drug coverage is creditable

For the majority of participants, the Nokia retiree prescription drug coverage is “creditable,” or equal to or better than the Medicare Part D standard prescription drug coverage.

Medicare Part D plans may be available to you

If you enroll in a Medicare Part D prescription drug plan outside of the 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 any 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 premium costs, if any, for coverage under the Plan will not be adjusted. Nokia cannot provide varying premium structures, **so you will continue to pay the same premium costs** as someone who still has prescription drug coverage under the Plan; and
- Nokia's prescription drug coverage will continue to cover:
 - Any dependent(s) not eligible for Medicare who are enrolled in the Plan; and
 - Any Medicare-eligible dependent(s) who have not enrolled in another Medicare Part D plan.

Additional penalties may apply if you delay enrollment in Medicare Part A and Medicare Part B

The time period when you first become Medicare-eligible is known as your “first entitlement” or “initial enrollment period.” This period is a seven-month enrollment window comprising the three months before the month of your 65th birthday, the month of your 65th birthday and the three months after the month of your 65th birthday. For example, if your birthday is in June, the seven-month window begins in March and continues through September.

If you delay your enrollment in Medicare Part A and Medicare Part B when you first become eligible (which also means you will not receive benefits under Nokia's medical coverage for Medicare-eligible participants), you may still be eligible to sign up for Medicare at a later date. However, penalties may apply.

There are other special enrollment periods

If you remain actively employed beyond age 65 and covered by a medical plan for active employees, you may delay Medicare enrollment without penalty. However, you must elect Medicare within a special enrollment period after termination of employment to avoid late enrollment penalties. Additionally, you may need proof that you were covered under a group plan as an active employee or as the spouse of an active employee in order to avoid a late enrollment penalty.

For more information about Medicare eligibility and/or enrollment, call the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778). If Social Security requires evidence of your coverage, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) and speak with a representative. You can also review the *Medicare & You 2025* handbook, available from CMS, for details about Medicare enrollment and penalties.

Learn more with these resources

Use this contact list as a quick reference for your retiree benefits resources.

| For: | Contact: |
|---|---|
| <ul style="list-style-type: none"> • A printed or printable version of the <i>Medicare & You 2025</i> handbook • Assistance in understanding Medicare information, including: <ul style="list-style-type: none"> – Facts about Medicare Parts A, B, C and D – Details on Medicare HMOs – Dates of the Medicare Annual Election Period (AEP) | Medicare <ul style="list-style-type: none"> • 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week • www.medicare.gov |
| Updating your personal information (name, address, etc.) on file with Medicare | Social Security Administration <ul style="list-style-type: none"> • 1-800-772-1213 (TTY 1-800-325-0778), from 7:00 a.m. to 7:00 p.m., ET, Monday through Friday |
| <ul style="list-style-type: none"> • Specific questions about your Nokia healthcare coverage options and costs • Questions about how Medicare impacts your Nokia coverage | Nokia Benefits Resource Center <ul style="list-style-type: none"> • 1-888-232-4111 (TTY 711) (1-212-444-0994 if you are calling from outside of the United States, Puerto Rico or Canada), from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday Your Benefits Resources (YBR) website <ul style="list-style-type: none"> • digital.alight.com/nokia |
| General information about Nokia's retiree healthcare benefits, including important news and carrier contact information | BenefitAnswers Plus website <ul style="list-style-type: none"> • www.benefitanswersplus.com |
| Specific information about the UnitedHealthcare Group Medicare Advantage (PPO), including: <ul style="list-style-type: none"> • How medical coverage works • Provider details | UnitedHealthcare Group Medicare Advantage (PPO) <ul style="list-style-type: none"> • 1-888-980-8117 (TTY 711) <ul style="list-style-type: none"> – During Medicare annual open enrollment (October 15 – December 7): 8:00 a.m. to 8:00 p.m., local time, seven days a week – Outside of Medicare annual open enrollment: 8:00 a.m. to 8:00 p.m., local time, Monday through Friday • retiree.uhc.com/nokia |
| Specific information about UnitedHealthcare medical coverage, including how to: <ul style="list-style-type: none"> • Access claims information • Find a provider | UnitedHealthcare <ul style="list-style-type: none"> • POS: 1-800-577-8539 • TI: 1-800-577-8567 • www.myuhc.com |
| Specific questions about your Nokia prescription drug coverage | CVS Caremark <ul style="list-style-type: none"> • 1-800-240-9623 (24 hours a day, 7 days a week) • Caremark.com |
| Assistance for former union members (not a representative of the Nokia medical plans) | <div> Brian Sawyer CWA Staff Representative <ul style="list-style-type: none"> • bsawyer@cwa-union.org • 1-202-434-1301 </div> <div> Robert Longenecker IBEW Managed Care Program Coordinator <ul style="list-style-type: none"> • rml1949@hotmail.com • 1-610-413-9772 </div> |

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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