

Get More From Your 2018 Nokia Benefits



Important Information About Using Your Benefits in 2018

For Participants in the Active Management Plan Design

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Read This Now If You Are Enrolled in a Flexible Spending Account (FSA)

As the new year approaches, here are some important things to keep in mind if you are enrolled in a Health Care Flexible Spending Account (HFSA) and/or Dependent Care Flexible Spending Account (DFSA) for 2017 and/or 2018.

Upcoming FSA Deadlines

Keep track of these key dates for your 2017 and/or 2018 FSA(s):

Key Dates	What You Need to Know/What You Need to Do
DECEMBER 31, 2017	<ul style="list-style-type: none"> ▪ Last day to incur dependent care expenses that can be reimbursed from your 2017 DFSA.
JANUARY 1, 2018	<ul style="list-style-type: none"> ▪ The new Plan Year begins. ▪ If you have a balance in your 2017 HFSA: Use it — do not lose it. Remember, you can use your balance to pay for eligible healthcare expenses you incur during the 2017 HFSA “grace period” (January 1, 2018, through March 15, 2018). <ul style="list-style-type: none"> – If you re-enrolled in an HFSA for 2018: For eligible expenses incurred in 2018, you can use your Your Spending Account™ (YSA) HFSA debit card or submit claims to YSA via the YSA website, the YSA Reimburse Me app, fax or mail. If you submit claims to YSA, YSA will automatically draw from your 2017 balance before using your 2018 account to pay for eligible expenses you incur during the grace period. However, if you use your YSA debit card, note that: <ul style="list-style-type: none"> • Expenses incurred during the grace period that are auto-substantiated will automatically be applied to your balance for the prior Plan Year (if available). • Expenses incurred during the grace period that are not auto-substantiated will be applied to your balance for the current Plan Year. However, if YSA receives appropriate documentation before the April 15, 2018, claims submission deadline, the claim will be applied to your prior Plan Year balance (if available). – If you did not re-enroll in an HFSA for 2018: You must submit your claims for eligible expenses to YSA; your YSA debit card will no longer work. ▪ If you do not have a balance in your 2017 HFSA or if you are newly enrolled in an HFSA for 2018: Start using your YSA HFSA to be reimbursed for eligible healthcare expenses. You can use your YSA HFSA debit card or submit claims to YSA via the YSA website, the YSA Reimburse Me app, fax or mail. ▪ Start using your 2018 YSA DFSA to be reimbursed for eligible dependent care expenses. You can submit claims to YSA via the YSA website, the YSA Reimburse Me app (you will need to provide the day care provider’s eSignature), fax or mail.

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Key Dates	What You Need to Know/What You Need to Do
MARCH 15, 2018	<ul style="list-style-type: none">▪ 2017 HFSA grace period ends. This is the last day to incur eligible healthcare expenses that can be reimbursed from your 2017 HFSA.
APRIL 15, 2018	<ul style="list-style-type: none">▪ 2017 FSA claims submission deadline. All your 2017 HFSA and/or DFSA claims must be submitted to YSA by this date.<ul style="list-style-type: none">– Important! Do not wait until the last minute to submit your final 2017 claims to YSA. It may take up to 10 days for a claim to be processed, so be sure to submit your claim far enough in advance of the April 15 deadline to ensure there is sufficient time to resolve any issues that may affect your claim.– After April 15, 2018, no additional documentation will be accepted for incomplete or invalid 2017 claims. This means that:<ul style="list-style-type: none">• If you submit a claim on April 15 but the documentation is incomplete or invalid (for example, a receipt is missing or a faxed submission is illegible), the claim will be denied and you will not be reimbursed for your expense.• However, if you submit a claim on April 15 and all documentation is complete and valid, your claim will be processed and you will be reimbursed.

Other Important Reminders

Here are some additional important reminders about your HFSA and/or DFSA.

Manage Your FSA(s) From Anywhere

Remember, you can manage your HFSA and/or DFSA on the go from your Apple® or Android™ mobile device with the YSA Reimburse Me mobile app.

Use the app to:

- **Save time.** Submit claims for reimbursement, quickly and conveniently, from anywhere, anytime.
- **Save money.** Forget the postage! Submit your documentation by uploading a picture of your receipt (taken with or stored on your mobile device) with your claim.
- **Get immediate access.** View account information on demand, including balances, card transactions and claim status.

Getting the app is easy. Just locate the Reimburse Me app in your mobile device's app store and download it onto your device.

Did You Know?

For faster claims reimbursement, you can submit receipts directly to YSA online.

Hold on to Your YSA Debit Card

You can continue to use your current YSA card in 2018 for 2018 Plan Year expenses. You will receive a new card shortly before your current card expires.

Over-the-Counter Prescription Requirement for HFSA Expenses

To be reimbursed for an over-the-counter (OTC) drug purchase from your HFSA, you must provide a written prescription from your doctor and an itemized receipt. The prescription must include the following: date, dosage, patient's name, provider's signature and address, and specific name of the prescribed item.

OTC prescriptions are valid as follows:

- **Prescriptions for a single fill** are valid for the lesser of 12 months or the end of the Plan Year (which includes the 2½-month grace period for submitting eligible healthcare expenses).
- **Prescriptions that include refills** are valid for a maximum of 12 months from the date on the prescription.

How Do You Get Reimbursed?

Getting reimbursed through your HFSA and/or DFSA is easy. Here are the simple steps to take:

<p>Step 1</p>	<p>Incur a reimbursement-eligible expense. If you use your YSA card to pay for a healthcare expense, you can skip Step 2 and Step 3. But make sure you keep your original itemized receipt and/or Explanation of Benefits (EOB). You may be asked to substantiate your claim at a later date.</p> <p>Then decide whether to submit your claim through the YSA website or the Reimburse Me app.</p>	
	<p>Through the YSA Website</p>	<p>Through the Reimburse Me App</p>
<p>Step 2</p>	<p>Log on to the Your Benefits Resources™ (YBR) website at http://resources.hewitt.com/nokia.</p> <ul style="list-style-type: none"> ▪ From the home page, select the “Health Care Flexible Spending Account,” “Dependent Care Flexible Spending Account” or “View Your Health & Insurance Coverage” tile to be taken to the “Health & Insurance Benefits Coverage” page. 	<p>From the “Accounts” page of the app, select “Submit Claim” and then “Health Care” or “Dependent Care.”</p> <ul style="list-style-type: none"> ▪ Follow the prompts to enter your claim. ▪ To submit your documentation, attach pictures (taken with or stored on your mobile device) of your itemized receipts or EOBs. <ul style="list-style-type: none"> – You can skip this step and submit your documentation at a later date, but reimbursement may be delayed.

Check Out FSASTore.com: Your One-Stop Shop for HFSA-Eligible Products

FSASTore.com eliminates the guesswork about eligibility when you use your HFSA to pay for healthcare items other than prescription drugs. How? By selling only FSA-eligible items — more than 4,000 in all — such as first-aid supplies, sunscreen, contact lenses and solutions, over-the-counter medications and more. Shipping is free for orders over \$50 and discounts are available.

Important: You must submit a doctor's prescription to purchase some OTC drugs from FSASTore.com. Drugs that require a prescription are clearly indicated on the website, as is the process for submitting the prescription.

You can use your YSA debit card to pay for any eligible purchase, and you will not need to submit receipts to YSA. However, it is recommended that you keep your receipts for your tax records.

You can link to FSASTore.com from the YSA website on YBR, or directly at FSASTore.com.

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	Through the YSA Website	Through the Reimburse Me App
	<ul style="list-style-type: none"> ▪ Select the “Health Care Flexible Spending Account” or “Dependent Care Flexible Spending Account” tab on the left side of the page. Then select “Manage Your Account” to be taken to the “Account Summary” page. ▪ Under “Take Action,” select “Get Reimbursed” and then “Health Care” or “Dependent Care.” ▪ Choose how you want to send your itemized receipts or EOBs by checking “Upload” or “Fax or mail.” ▪ Follow the prompts to enter your claim online. If you have chosen to submit your claim by fax or mail, be sure to print the claim form (cover sheet) and sign and date it. 	
Step 3	<p>Submit your completed form (if required) and itemized receipt or EOB by the date indicated.</p> <ul style="list-style-type: none"> ▪ <i>Online:</i> Follow the onscreen instructions to upload an electronic copy or photo of your itemized receipt or EOB. ▪ <i>Fax:</i> 1-888-211-9900 ▪ <i>Mail:</i> YSA P.O. Box 785040 Orlando, FL 32878-5040 	<ul style="list-style-type: none"> ▪ Scroll to the bottom of the page and select “Submit Claim.” ▪ Once you see that your claim has been submitted successfully, select “Done.”

What Documentation Do You Need to Be Reimbursed From Your HFSA?

To process your reimbursement from your HFSA, you need to include an EOB from your healthcare carrier or a copy of your itemized receipt for the expense. Eligible receipts must contain:

- Name of the service provider or retailer;
- Date of the service or purchase;
- Identification of the drug or product, or a description of the service;
- Purchase amount for each product or service; and
- Total purchase amount.

Hang on to Those Receipts!
If you cannot provide proof of an HFSA claim with a receipt, your HFSA card will be deactivated and you will be asked to either submit payment to cover the expense or submit substitute receipts for any other eligible out-of-pocket expense.

Enrolled in a DFSA? Use Provider Certification!

YSA's Provider Certification feature can help make filing your DFSA claims easier:

- Print your online DFSA claim form from the YSA website.
- Have your dependent care provider sign the Provider Certification section.
- When you file your claim, just submit the signed form. No receipts needed!

Using the Reimburse Me app to file your DFSA claims? With the app's Dependent Care E-Signature feature, you don't need to submit a hard-copy or electronic receipt from your dependent care provider for reimbursement. Just have your provider tap and sign the signature line of your mobile device's screen. Select "Next" and then complete the rest of the claims submission process as usual.

Important: Ensure that your dependent(s) qualify for a DFSA under Internal Revenue Service (IRS) guidelines. This means your dependent child must be under the age of 13.*

*Age limit does not apply if your dependent is mentally or physically incapable of self-care, lives with you for more than half of the calendar year and has not been able to provide more than one-half of his or her own support for the calendar year.

For More Information

Questions about your FSA(s)? Contact YSA via a link on the YBR website at <http://resources.hewitt.com/nokia> or call the Nokia Benefits Resource Center at 1-888-232-4111. Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

Attention Legacy Nokia Employees: What You Need to Know If You Have a Health Reimbursement Account (HRA) or Health Savings Account (HSA)

As a reminder, although the HRA and HSA have been discontinued, there still are certain account-related actions you may take:

- **HRA.** You can continue to use any remaining funds in your HRA to pay for eligible expenses, such as deductibles and copayments, incurred in a Point of Service (POS) option. Your HRA balance must be exhausted by December 31, 2019.
- **HSA.** The money in your HSA is yours to keep. You may use your HSA to pay for eligible healthcare expenses at any time.

What You Need to Know About Your Member ID Cards

Have you re-enrolled, or have you enrolled in medical (which includes prescription drug) and/or dental coverage for the first time? Here is what you need to know about your health plan member ID cards:

Medical: Enhanced Point of Service (POS), Standard POS and Traditional Indemnity Members

- **Re-enrolled in medical coverage?** Continue to use your current member ID cards for medical services and prescription drugs in 2018. You will not receive new member ID cards.
- **Enrolled in medical coverage for the first time?** You will receive new member ID cards from the carriers by January 1.
- **If you have not received your new ID cards by January 1, or if you have misplaced your cards and need new ones,** you may print them out from the applicable carrier's website or call the applicable carrier for assistance. You will need to sign in or register in order to access the websites.
 - **Medical (UnitedHealthcare®)**
 - Online: www.myuhc.com (Note that if you have re-enrolled in coverage for 2018, you may be prompted to set up a new username and password when you try to access the website.)
 - Phone: 1-800-577-8539 (if you are enrolled in the Enhanced or Standard POS option); or 1-800-577-8567 (if you are enrolled in the Traditional Indemnity option)
 - **Prescription drug (Express Scripts)**
 - Online: www.express-scripts.com
 - Phone: 1-800-336-5934

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

Medical: Health Maintenance Organization (HMO) Members

If you have re-enrolled, or you have enrolled in an HMO for the first time, 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 the Benefits At-a-Glance and Resource Contact Information booklet on the BenefitAnswers Plus website at www.benefitanswersplus.com.

Starting in January, your healthcare provider or pharmacy should be able to confirm your medical and prescription drug coverage directly with your HMO.

Dental

MetLife does not issue dental member ID cards; you do not need to present an ID card to receive services under the plan. Simply provide your dentist with your Group information and ID number:

- Group Name and Group Number: Nokia 85848
- Employee ID Number:
 - Legacy Alcatel-Lucent: HRID
 - Legacy Nokia: Nokia ID

Check Out Real Appeal[®], UnitedHealthcare's New Weight Management Program

As previously announced, effective January 1, 2018, your UnitedHealthcare medical plan option will offer a new benefit: Real Appeal. Real Appeal is an online weight loss and healthy lifestyle program based on the science of what really works to help people lose weight and keep it off. It will be available at no cost to all eligible Nokia employees and their family members age 18 and older who are enrolled in Nokia medical coverage through UnitedHealthcare.

Real Appeal helps you lose weight and reduce your risk of developing certain diseases like diabetes and cardiovascular disease, as it is based on decades of proven clinical research. Most members lose an average of 10 pounds after completing only four sessions of the program. Enrollment in the program includes:

- 52 weeks of access to a Transformation Coach. Your coach guides you through the program and develops a simple, customized plan that fits your needs, preferences and goals.
- 24/7 access to digital tools and dashboards that help you track your food, activity and weight.
- A success kit full of healthy weight management tools, including fitness guides, recipe book (including quick family meal ideas and fast-food eating tips), weight scale and more.
- Support from weekly online group classes to learn healthy ideas from your coach and other members who share what has helped them achieve success.

Real Appeal is a fun and engaging program that helps you learn simple steps for a healthier life so you can spark your transformation. Watch for more information on the program and enrollment in January 2018.

Get More From Your UnitedHealthcare Medical Plan Option: Choose Premium Care Physicians

Choosing a doctor is one of the most important health decisions you will make. 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.

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. All are available at **no additional cost to you**.

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.

Virtual Visits

When you do not feel well or your child is sick, 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 mobile device or computer without an appointment, for the same copayment you would pay for an office visit. Most visits take about 10 – 15 minutes. Doctors can write a prescription, if needed, that you can pick up at your local pharmacy.

Log on to **myuhc.com**[®] and choose from provider sites where you can register for a virtual visit. Register and request a visit. Pay your portion of the service via credit or debit card (including your YSA debit card, if applicable) 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.

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

Rally[®]

You have 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 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.

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 has developed a couple of handy charts to help guide you to the right choice for your situation. To access the charts, go to www.benefitanswersplus.com/active_m/other_resources.html and scroll down to select "The ER: It's Not Your Only Option" and/or "Where to Get Care."

OptumHealth™ NurseLineSM

Illness or injury can happen anytime, not just during your doctor's regular office hours. **If the situation is life- or limb-threatening, call 911 or go to the nearest emergency room (ER) immediately.** But if the 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, 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.

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

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.

Health4Me™ Mobile App

Think of the UnitedHealthcare Health4Me app as your go-to healthcare resource for whenever you are on the go. The Health4Me app makes it easy for you to access your healthcare information, anytime and anywhere, from your Apple® or Android™ mobile device.

Health4Me gives you tools to help you estimate costs, manage claims and find providers. You can:

- View and share health plan ID cards via email or fax
- Check account balances and benefit amounts
- Collect, track and share past and current Personal Health Records
- View and manage claims
- Pay providers for out-of-pocket expenses
- Estimate costs of common procedures and conditions up front
- Find nearby providers, hospitals and quick care facilities
- Connect with helpful professionals 24/7

To download Health4Me, 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 Health4Me 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.

Make Managing Your Mail Order Prescriptions Even Easier: Sign Up for Text Message Notifications

When you call Express Scripts member services about the status of a mail order prescription purchase or shipment, or to update your communication preferences, you have the option to receive text message notifications to confirm the receipt of an order by Express Scripts and shipping information.

During your call, you will be asked if you would like to receive text messages regarding your prescriptions. If you reply “Yes,” the Patient Care Advocate will provide all legal disclaimers and send you a confirmation text message. You must confirm by replying YES via text message. Once confirmed, you will receive text messages instead of automated phone calls or emails. If you reply “No,” or if you do not offer a reply, you will not receive the confirmation text and you will continue to receive notifications as you do today.

Express Scripts plans to introduce additional text notifications in the future.

Need a Helping Hand? Count on the Employee Assistance Program (EAP)

When faced with life’s challenges — whether big or small — the Nokia EAP can help. Provided through Magellan Health Services, the EAP offers you and your household members free, confidential, 24/7 assistance for a wide range of medical and behavioral health issues, such as emotional difficulties, alcoholism, drug abuse, marital or family concerns, and other personal and life issues.

Enrollment in the EAP is not required, nor do you need to be enrolled in Nokia’s medical plan in order to access the medical plan’s EAP coverage.

Use EAP Tools and Mobile Apps to Support Your Well-Being

Be sure to check out the EAP website at www.magellanhealth.com/member for helpful EAP tools, calculators, assessments and health and wellness information. The EAP website also offers a mobile app resources page. You will find a range of wellness-focused mobile apps to help you cope with everyday issues, including anxiety, stress, diabetes, autism, sleep, depression and more.

For More Information

If you have questions and would like to speak with an EAP representative, call 1-800-327-7348 or visit www.magellanhealth.com/member.

Advocacy: Personal Healthcare Experts at Your Service

Ever wish you had an expert on speed dial when you have a problem with a complex healthcare benefits issue? With advocacy services, you do.

Advocacy takes the burden of healthcare problems off your hands and places them in the hands of an expert. Any time you need help with a healthcare benefits issue, simply call to be connected with an advocate — a real person who will work to resolve the issue on your behalf.* Advocates are highly qualified, experienced healthcare experts who know the ins and outs of all your Nokia healthcare benefits.

What Advocacy Can Do for You

Your advocate can help you:

- Understand and get the most from your healthcare benefits
- Navigate the complexities of the healthcare world
- Learn about a diagnosis or upcoming test or procedure
- Research and identify treatment options
- Resolve healthcare billing and insurance claim disputes
- Find doctors, hospitals and other healthcare providers, including those in your network
- Become a better healthcare consumer
- Navigate your Medicare questions

Advocacy is available at **no additional cost** to you and your immediate family members — including your parents and parents-in-law. Just be sure that you are on the phone with your family member the first time he or she calls.

Your privacy is protected. All advocacy services are always 100 percent confidential. No one — including Nokia — can access your personal information without your permission.

The Advocacy Experience

With advocacy services, you receive personal care from start to finish. During your first call, your advocate will ask some basic questions so that he or she can get to know you and your concerns.

Your advocate will research and resolve your issue and provide you regular updates. In addition, your advocate will stay with you and on the case until your issue is resolved, no matter how long it takes.*

Connecting With Advocacy

To learn more or to contact an advocate:

- Call 1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada). Advocates are available from 7:00 a.m. to 6:00 p.m. Central time, Monday through Friday.
- Visit www.alight.com/advocacy and select “Get help.” Scroll down and select “Talk to an advocate.”

*Although your advocate works for you, he or she cannot guarantee the specific resolution you are seeking. The terms of the Nokia benefit plans will always apply.

Manage Your Dental Benefits With the MetLife App

Need to find an in-network provider? Want to check the status of a claim? You can — right from your smartphone — using the free MetLife app.

The app is available 24/7. Just follow these three easy steps:

Step 1: If you haven't already, register at www.metlife.com/mybenefits (sign in using the company code "US-Nokia") from any computer. **Important:** You cannot register from your phone. (Already registered? Start with Step 2 and download the app directly!)

Step 2: Search for "MetLife" on the App Store or Google Play to download the app.

Step 3: Use your MyBenefits log-on information to access the app features.

Find Out How You Can Save on Your Dental Costs

When you visit a general dentist or a specialist who is in the network, your out-of-pocket costs are usually lower. That is because participating dentists have agreed to accept negotiated fees that are usually 15 percent to 45 percent less than the average charges in the same community.¹ Lower fees can help you cut your final costs and stretch your annual maximums.

In particular, the cost of specialty care like implants, root canals and crowns can really add up. That is why it is good to know the network is there to help you manage your out-of-pocket costs. You can view your potential savings on in-network vs. out-of-network fees by using the Dental Procedure Fee Tool² located on www.metlife.com/mybenefits. (To sign in, use the company code "US-Nokia" and follow the on-screen prompts.)

Take a look at the example on the following page, which shows you how you can save by going to an in-network specialist.

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Example for a Specialty Service — Crown

(Note: This is an example for illustrative purposes only and may not reflect the actual charges in your area.)

	In-Network	Out-of-Network
Specialist charge	\$1,300.00	
MetLife negotiated fee	\$698.00	NA
MetLife pays ³ (based on 80 percent coinsurance amount for this type of service)	\$558.40	\$1,040.00
Your out-of-pocket cost⁴	\$139.60	\$260.00
Approximate savings by visiting a participating dentist: \$120.40.⁴ The savings is the difference between the out-of-network out-of-pocket cost minus the in-network out-of-pocket cost.		

The table above is a typical example of how in-network savings work. It shows that you usually save more when you stay in the network. So the next time you need dental care, find out what your plan covers and what you could save by going to a participating general dentist or specialist.

To check your coverage or find a general dentist or specialist, log on to www.metlife.com/mybenefits (sign in using the company code “US-Nokia” and enter your ZIP code where prompted) or call 1-888-262-4876. You can also ask your dentist to recommend a network specialist in your community.

Best of all, participating dentists and specialists have undergone a careful selection process.⁵ You will never need a referral. So you get convenient access to quality care and support for better savings.

¹ Based on internal analysis by MetLife, negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for services rendered by them, subject to any copayments, deductibles, cost-sharing and benefits maximums. Negotiated fees are subject to change.

² The Dental Procedure Fee Tool is provided by VerifPoint, an independent vendor. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

³ This example reflects an in-network coinsurance amount of 80 percent and an out-of-network coinsurance amount of 80 percent for major services.

⁴ The potential savings is based on the average charges shown for illustrative purposes only. Actual savings for services rendered by an out-of-network dentist will vary depending on the dentist's actual charge for the service.

⁵ Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, rather than MetLife's. If you should have any questions, contact MetLife Customer Service.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your Plan Administrator for complete details.

Save on Taxes With the Commuter Benefits Program

Do you pay to park your car or take public transportation to get to and from work? Then consider enrolling in the commuter benefits program offered through WageWorks. You can use pre-tax earnings to pay for public transit — including train, subway, bus, ferry and eligible vanpool — and qualified parking as part of your daily commute.

You decide how much you want to contribute to your WageWorks commuter benefits account each month, up to the IRS limit. Your contributions are automatically deducted from your paycheck on a pre-tax basis (up to the IRS limit) and deposited into your WageWorks account. If you elect a monthly contribution that is higher than the pre-tax limit, the difference will be deducted from your paycheck on an after-tax basis, subject to program limits.

You can enroll in the program or suspend or cancel your contributions at any time. As long as you submit any changes by the 10th of the month, they will be effective on the first of the following month.

Questions?

- **For an overview of the program**, visit www.benefitanswersplus.com/active_m/other_resources.html. Select “Other Benefits” from the primary tiles and then the “Commuter Benefits” tile.
- **For detailed information about the program or to enroll**, visit www.wageworks.com anytime or call WageWorks at 1-877-WageWorks (1-877-924-3967). Representatives are available Monday through Friday, from 8:00 a.m. to 8:00 p.m., ET.

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 Health4Me 	Find in-network medical providers, estimate costs, view and manage claims, access your ID card and connect with customer service representatives.	Search for "Health4Me" on the App Store and Google Play
UnitedHealthcare Rally 	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
Express Scripts Express Rx 	Order prescription drug refills, get drug and pricing information, find a network pharmacy, track mail-order status and access your prescription drug ID card.	Search for "Express Scripts" on the App Store and Google Play
MetLife 	Find in-network dentists, check the status of a claim and view an ID card.	Search for "MetLife US app" on the App Store and Google Play
Magellan Provider Search 	Find EAP providers in your area.	Search for "My Provider Locator" on the App Store (not available on Google Play)
Your Spending Account (YSA) Reimburse Me 	Access information about your HFSA and/or DFSA, including balances, claims history, and payments; submit claims; and check alerts about actions you need to take.	Search for "Reimburse Me" on the App Store and Google Play
WageWorks EZ Receipts 	Manage your commuter benefits account, including checking your balance and viewing and submitting claims.	Search for "EZ Receipts" on the App Store and Google Play

Take a Fresh Look at Your Savings Plan

Are you contributing to the Nokia Savings/401(k) Plan?

If you are not contributing, now might be a good time to consider enrolling or restarting your contributions.

If you are contributing, you already understand the value of making contributions to a savings account. But when is the last time you took a close look at **your** account?

Unfortunately, many participants choose their Savings Plan contribution rate and investments when they first join the plan and never look back. But your situation may change over time, so it is important to review your contributions and investments on a regular basis to ensure that they are still in line with your retirement and other long-term savings goals.

Now is a good time to check — or check back — in with your Savings Plan. Take a fresh look at your savings and investment strategy and see if you want (or need) to make any adjustments.

- **For general information and to access important Savings Plan documents**, visit the BenefitAnswers Plus website at http://benefitanswersplus.com/active_m/index.html. Select “Retirement Savings & Pension” in the primary tiles.
- **For personalized information and to manage your Savings Plan account**, log on to the YBR website at <http://resources.hewitt.com/nokia>. Select “Savings/401(k) & Pension” in the primary tiles. Then follow the prompts to enroll, access online account statements, see your transaction history, make changes to your contribution rate, investments and/or beneficiaries, perform other account transactions, find fund information, use retirement planning and modeling tools and more. You can also call the Nokia Benefits Resource Center at 1-888-232-4111.

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/active_m/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 YBR website at <http://resources.hewitt.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 2017 Form 1095-C by early February 2018.

Form 1095 indicates the months of the year that you (and your dependents, if applicable) were offered or were enrolled in medical coverage during 2017. You may need Form 1095 or the information it includes in order to file your federal tax return for 2017. 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.)

This communication is intended to highlight some of the benefits provided to eligible participants under the Nokia benefit 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 Alcatel-Lucent USA Inc. (doing business as Nokia) (the "Company") (or its delegate[s]) reserves the right to modify, suspend, change or terminate any of the benefit plans at any time. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the Company. The Company cannot be bound by statements about the plans made by unauthorized personnel.

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