

benefits at-a-glance and resource contact information 2018



For Participants in the Management Retiree Plan Design
Including COBRA Participants and Survivors in the Family Security Program (FSP)

NOTE: This guide is intended for multiple audiences. You may not be eligible for all of the benefit plan options shown in the following tables. 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 dependent(s).

To determine your coverage options and monthly contributions during the annual open enrollment period...

- Visit 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.

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benefits at-a-glance

The tables that follow summarize some features of the 2018 Nokia medical and dental plan options applicable to eligible individuals covered under the Management Retiree plan design. Use them:

<ul style="list-style-type: none">▪ During the annual open enrollment period — To compare plan options and coverage amounts before making your enrollment decisions.	<ul style="list-style-type: none">▪ All year — Whenever you need information about your plan option or to determine whether a particular service or supply is covered.
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How Do These Tables Work?

Check and confirm:

1. Which specific plan options apply to you

You may not be eligible for all of the benefit plan options shown in these tables. To confirm the coverage for which you (and your dependent[s]) are eligible, you can:

- Visit the YBR website at <http://resources.hewitt.com/nokia>; or
- Call the Nokia Benefits Resource Center at 1-888-232-4111.

2. What's covered

For your quick reference, these tables show coverage amounts. Note that for a service or supply to be covered, it must be:

- Medically necessary for the treatment of an illness or injury, or for preventive care benefits that are specifically stated as covered;
- Provided under the order or direction of a physician;
- Provided by a licensed and accredited healthcare provider practicing within the scope of his or her license in the state where the license applies;
- Listed as a covered service and satisfy all the required conditions of services of the applicable options; and
- Not specifically listed as excluded.

In some cases, there may be additional required criteria and conditions. Services and supplies meeting these criteria will be covered up to the allowable amount or the negotiated rate, if applicable.

Need Information About a Health Maintenance Organization (HMO)/ Medicare HMO?

Due to the number of HMO/Medicare HMO options offered, HMO/Medicare HMO coverage information is not shown in these tables. Medical and prescription drug coverage levels and costs vary by individual HMO/Medicare HMO option.

To review and print specific details for the coverage options available to you, visit the YBR website at <http://resources.hewitt.com/nokia> or call the Nokia Benefits Resource Center at 1-888-232-4111, during the annual open enrollment period.

You can also contact the HMO/Medicare HMO you are considering. You can find carrier contact information on pages 16 and 17 of this guide. Or, if you are currently enrolled in an HMO/Medicare HMO, check the back of your HMO/Medicare HMO ID card.

Medical

Please note: For the services shown in the table below and on the following pages, where coverage is expressed as a percentage, it is a percentage of the provider's contracted rate (for in-network Point of Service [POS] and UnitedHealthcare® Group Medicare Advantage Preferred Provider Organization [PPO] services), of the reasonable and customary (R&C) fee (for Traditional Indemnity and out-of-network POS services) or of the Medicare-approved fee schedule (for out-of-network UnitedHealthcare Group Medicare Advantage [PPO] services).

Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Choice of Doctors	Select from within a network of medical providers	Select any medical provider	Select from within a network of medical providers	Select any medical provider	Select from within a network of Preferred Provider Organization (PPO) providers or any medical provider	Select from within a network of PPO providers or any qualified provider who participates in Medicare and accepts the Plan
Annual Deductible	Not applicable	Individual: \$650 Two-person: \$1,300 Family: \$1,950	Not applicable	Not applicable	See table on page 4	\$290/individual (in- and out-of-network combined)
Annual Out-of-Pocket Maximum	Individual: \$1,600 Two-person: \$3,200 Family: \$4,800	Individual: \$4,000 Two-person: \$8,000 Family: \$12,000 (excludes deductible)	Individual: \$4,000 Family: \$8,000	\$7,500/individual	Individual: \$1,800 Two-person: \$3,600 Family: \$5,400 (excludes deductible)	\$3,290/individual (includes deductible; in- and out-of-network combined)
Lifetime Maximum Benefit	Unlimited (some exclusions apply)					
Annual Maximum Benefit	Not applicable					

Remember	You may not be eligible for all of the coverage options shown in this table. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 16 and 17.
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Annual Deductible for the Traditional Indemnity Plan

Participant	Deductible
<p>Former Lucent service and disability retirees (excludes their survivors) and</p> <ul style="list-style-type: none"> ▪ Their non-survivor COBRA beneficiaries 	<ul style="list-style-type: none"> ▪ Individual: \$150 plus 1% of annual pension (\$175 min. and \$300 max.) ▪ Two-person: 2x individual deductible ▪ Family: 3x individual deductible
<p>COBRA and FSP survivors of former Lucent service and disability retirees and</p> <ul style="list-style-type: none"> ▪ Their COBRA beneficiaries 	<ul style="list-style-type: none"> ▪ Individual: \$300 ▪ Two-person: \$600 ▪ Family: \$900
<p>Former Lucent, former Nokia and former Alcatel account balance/access to retiree healthcare participants (excludes former Lucent service and disability retirees) and</p> <ul style="list-style-type: none"> ▪ Their COBRA beneficiaries ▪ Their COBRA and FSP survivors and these survivors' COBRA beneficiaries 	
<p>Former AGCS retirees and</p> <ul style="list-style-type: none"> ▪ Their COBRA beneficiaries ▪ Their COBRA and FSP survivors and these survivors' COBRA beneficiaries 	<ul style="list-style-type: none"> ▪ Individual: \$200 ▪ Two-person: \$400 ▪ Family: \$600

Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Copayment/Coinsurance for Covered Services						
Acupuncture	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 30 visits/year	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied; limited to 30 visits/year	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Ambulance — Emergency Use of Air or Ground Ambulance	Plan pays 90%	Plan pays 90%	Plan pays 80%	Plan pays 80%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Ambulance from Hospital to Hospital (if admitted to first hospital)	Plan pays 90%	Plan pays 90%	Plan pays 80%	Plan pays 80%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Anesthesia	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Birth Control (prescription birth control or medication only)	See “Prescription Drug Program” on pages 11 and 12.					
Birthing Center	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80% after you pay \$500 copayment	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Blood and Blood Derivatives	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Cardiac Rehabilitation (phase three maintenance not covered)	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Chemotherapy	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Chiropractic	You pay \$30 copayment/visit; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 70% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80%; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 60%; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year	Plan pays 80%, not subject to deductible (covered according to Medicare guidelines)
Durable Medical Equipment	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied

Remember	You may not be eligible for all of the coverage options shown in this table. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 16 and 17.
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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Emergency Room — Emergency Use	You pay \$65 copayment (waived if admitted)	You pay \$65 copayment (waived if admitted)	You pay \$125 copayment (waived if admitted)	You pay \$125 copayment (waived if admitted)	Plan pays 80% after deductible is satisfied	You pay \$50 copayment/visit, not subject to deductible (waived if admitted within 24 hours)
Emergency Room — Nonemergency Use	Plan pays 70% after you pay \$65 copayment/visit	Plan pays 70% after you pay \$65 copayment/visit	Plan pays 60%	Plan pays 60%	Plan pays 80% after deductible is satisfied	You pay \$50 copayment/visit, not subject to deductible (payment of emergency room services follows Medicare guidelines)
Extended Care Facility (or Skilled Nursing Facility)	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 60 days/year	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied; limited to 120 days/year	Plan pays 80%; limited to 100 days/benefit period
Home Healthcare	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 100 visits/year	Plan pays 80%	Plan pays 60%; limited to 100 visits/year	Plan pays 80% after deductible is satisfied; limited to 200 visits/year	\$0 copayment, not subject to deductible
Hospice Care	Plan pays 90%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 70% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 80%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 60%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 210 days/lifetime	\$0 copayment, not subject to deductible
Inpatient Hospitalization	Plan pays 90%	Plan pays 70% after deductible is satisfied and you pay \$250 copayment/admission	Plan pays 80% after you pay \$650 copayment/admission	Plan pays 60% after you pay \$250 copayment/admission	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Maternity <ul style="list-style-type: none"> ▪ Office visits (pre/postnatal) ▪ In-hospital delivery services 	Office visits: Plan pays 90% after you pay \$30 copayment for first office visit In-hospital delivery services: Plan pays 90%	Plan pays 70% after deductible is satisfied and you pay \$250 copayment/hospital admission	Office visits: Plan pays 80% after you pay first office visit copayment In-hospital delivery services: Plan pays 80% after you pay \$650 copayment/admission	Office visits: Plan pays 60% In-hospital delivery services: Plan pays 60% after you pay \$250 copayment/admission	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied

Remember

You may not be eligible for all of the coverage options shown in this table. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 16 and 17.

Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Mental Health and Chemical Dependency (for those who are not eligible for Medicare)	Inpatient: Plan pays 90% Outpatient: You pay \$30 copayment/visit	Inpatient: Plan pays 70% after deductible is satisfied and you pay \$250 copayment/admission Outpatient: Plan pays 70% after deductible is satisfied	Inpatient: Plan pays 80% after you pay \$650 copayment/admission Outpatient: You pay \$20 copayment/visit	Inpatient: Plan pays 60% after you pay \$250 copayment/admission Outpatient: Plan pays 60%	Inpatient and outpatient: Plan pays 80% after deductible is satisfied	Not applicable
Mental Health and Chemical Dependency (for those who are Medicare-eligible)	Inpatient and outpatient: Not applicable				Inpatient: Plan pays up to a total of 80% of the Medicare-approved amount (including any amounts payable by Medicare) and is secondary to Medicare; chemical dependency benefits are limited to 30 days/confinement and two confinements/lifetime Outpatient: Plan pays up to a total of 50% of the Medicare-approved amount (including any amounts payable by Medicare) and is secondary to Medicare; limited to 50 visits/year	Inpatient: Plan pays 80% after deductible is satisfied, subject to 190-day lifetime maximum (covered according to Medicare guidelines) Outpatient: Plan pays 80% after deductible is satisfied (covered according to Medicare guidelines)

Remember	You may not be eligible for all of the coverage options shown in this table. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 16 and 17.
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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Nutritionist	You pay \$30 copayment/visit	Not covered	You pay \$40 copayment/visit	Plan pays 60%	Not covered	Plan pays 100% for medical nutrition therapy and counseling per Medicare guidelines
Outpatient Lab/X-Ray	Plan pays 90% (or you pay \$30 copayment when included as part of office visit)	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60% after you pay \$200 copayment	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Physician Hospital Visits and Consultations	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Physician Office and Virtual Visits (non-preventive)	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied	Primary care physician (PCP): You pay \$20 copayment/visit Specialist: You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied	Primary doctor: You pay \$15 copayment/visit after deductible is satisfied Specialist: Plan pays 80% after deductible is satisfied
Podiatrist	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied (covered according to Medicare guidelines)
Private Duty Nursing	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 100 shifts/year	Plan pays 80%	Plan pays 60%; limited to 100 shifts/year	Plan pays 80% after deductible is satisfied; limited to 200 shifts/year	Not covered
Radiation Therapy	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Rehabilitation Therapy (outpatient physical, occupational, speech)	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise	You pay \$20 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise	Plan pays 80% after deductible is satisfied (covered according to Medicare guidelines)

Remember	You may not be eligible for all of the coverage options shown in this table. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 16 and 17.
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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Second Surgical Opinion	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied	You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Smoking Deterrents (prescription only)	See "Prescription Drug Program" on pages 11 and 12.					
Surgery – In-Office	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80% after you pay \$250 copayment	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Surgery – Inpatient	Plan pays 90%	Plan pays 70% after you pay \$250 copayment/admission	Plan pays 80% after you pay \$650 copayment/admission	Plan pays 60% after you pay \$250 copayment/admission	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Surgery – Outpatient	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80% after you pay \$300 copayment/procedure	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Urgent Care Clinic Visit	Check with Plan	Check with Plan	Check with Plan	Check with Plan	Check with Plan	\$50 copay per visit, not subject to deductible (waived if admitted to hospital within 24 hours)
Wigs	Plan pays up to \$300/Plan Year					Plan pays up to \$300 every 12 months
Preventive Care						
Routine Physical Exams	Plan pays 100%	Plan pays 70% after deductible is satisfied	Plan pays 100%	Plan pays 60%	Plan pays 100%	\$0 copayment for Medicare-covered wellness exam to develop/update a personalized prevention plan based on current health and risk factors; contact Plan for details
Well-Child Care (including immunizations)	Plan pays 100%	Plan pays 70% after deductible is satisfied	Plan pays 100%	Plan pays 60%	Plan pays 100%	Not covered

Remember	You may not be eligible for all of the coverage options shown in this table. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 16 and 17.
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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Preventive Care						
Well-Woman Care (ob/gyn exam)	Plan pays 100%	Plan pays 70% after deductible is satisfied	Plan pays 100%	Plan pays 60%	Plan pays 100%	\$0 copayment (one visit/year)
Mammogram Screening (in doctor's office)	Plan pays 100%	Plan pays 70% after deductible is satisfied	Plan pays 100%	Plan pays 60%	Plan pays 100%	\$0 copayment
Pap Smear (in doctor's office)	Plan pays 100%	Plan pays 70% after deductible is satisfied	Plan pays 100%	Plan pays 60%	Plan pays 100%	\$0 copayment
Digital Rectal Exam and Blood Test for PSA (in doctor's office — prostate cancer screening for men age 50 and older)	Plan pays 100%	Plan pays 70% after deductible is satisfied	Plan pays 100%	Plan pays 60%	Plan pays 100%	\$0 copayment
Newborn In-Hospital Care	Plan pays 100%	Plan pays 70% after deductible is satisfied; limited to one visit	Plan pays 100%	Plan pays 60%	Plan pays 100%	Not covered
Other Important Information About Your Medical Coverage						
Are You Responsible for Charges in Excess of the Allowable Amount?	No	Yes	No	Yes	Yes	No
Who Is Responsible for Precertification?	Your PCP	You	Your PCP	You	You	Not applicable
What Is the Penalty for Failure to Precertify Care?	Not applicable	20% reduction in benefits, up to \$400 maximum/occurrence	Not applicable	20% reduction in benefits, up to \$400 maximum/occurrence	20% reduction in benefits, up to \$400 maximum/occurrence	Not applicable
Do You Have to File Claim Forms?	No	Yes	No	Yes	Yes	No

Remember	You may not be eligible for all of the coverage options shown in this table. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 16 and 17.
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Prescription Drug Program

If You Are Not Eligible for Medicare

Express Scripts Prescription Drug Coverage for Enhanced and Standard Point of Service (POS) and Traditional Indemnity

✓ **Annual Deductible:** None

✓ **Annual Out-of-Pocket Maximum:** None

Coinsurance/Copayments		
In-Network	Retail (up to a 30-day supply using an in-network pharmacy)*	Mail Order (up to a 90-day supply)
Level One Generic drugs	\$10 copayment	\$20 copayment**
Level Two Lower-cost formulary brand-name drugs	50% coinsurance <ul style="list-style-type: none"> ▪ \$25 minimum ▪ \$225 maximum 	50% coinsurance <ul style="list-style-type: none"> ▪ \$50 minimum ▪ \$450 maximum
Level Three Higher-cost formulary brand-name drugs	50% coinsurance <ul style="list-style-type: none"> ▪ \$45 minimum ▪ \$275 maximum 	50% coinsurance <ul style="list-style-type: none"> ▪ \$90 minimum ▪ \$550 maximum
Level Four Nonformulary brand-name drugs	50% coinsurance <ul style="list-style-type: none"> ▪ \$60 minimum ▪ \$300 maximum 	50% coinsurance <ul style="list-style-type: none"> ▪ \$120 minimum ▪ \$600 maximum
Member Pays the Difference	You will pay the generic copayment, plus the difference in cost between the brand-name and generic drug, if you purchase a brand-name drug when a generic equivalent is available	
Out-of-Network (retail only)		
You may incur an additional cost for drugs received at an out-of-network pharmacy; please contact the Plan for details.		

* Prescription drug copayments will double after the third time you receive a maintenance medication at a retail pharmacy; for cost savings, use mail order.

** You may be eligible for up to a 90-day supply of a generic drug for \$10 or less. To find out if your medication qualifies, visit www.express-scripts.com/lowcostgenerics or call 1-800-336-5934.

HMO/Medicare HMO prescription drug coverage varies by HMO/Medicare HMO. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 16 and 17.

If You Are Medicare-Eligible*

Express Scripts Medicare (PDP) for Nokia — Prescription Drug Coverage for UnitedHealthcare Group Medicare Advantage (PPO) and Traditional Indemnity

How It Works

Annual Deductible	You pay a \$405/individual annual deductible for the cost of your prescription drugs. (There is no annual out-of-pocket maximum.)
Total Prescription Drug Cost Limit	Once you reach the \$405/individual deductible, the Plan begins to contribute and you pay a copayment for the cost of the drug (see the copayment structure below) until you reach a total prescription drug cost limit (including the copayments and deductible, plus the Plan's cost for the drugs) of \$3,750/individual.
Coverage Gap (or "Donut Hole")	After you reach the total prescription drug cost limit of \$3,750/individual (including the copayments and deductible, plus the Plan's cost for the drugs), you pay 44% of the total cost of generic drugs and 35% of the total cost plus a portion of the dispensing fee for brand-name drugs until you reach \$5,000 in out-of-pocket costs. (While you are in this "donut hole," either the Plan pays the rest of the cost for these covered drugs, or they are paid for by drug manufacturers' discounts.)
Coinsurance or Copayments	After you reach \$5,000/individual in out-of-pocket costs, you pay the greater of 5% of the cost or a copayment of \$3.35 for generics/\$8.35 for brand-name drugs, per prescription, for the remainder of the year.

Note: Only drugs included on the Express Scripts standard Medicare Part D formulary are covered. Out-of-pocket expenses for drugs not covered will not count toward total prescription drug costs or total out-of-pocket costs.

Copayments

In-Network	Retail (up to a 34-day supply)**	Mail Order (up to a 90-day supply)
Level One Generic drugs on Express Scripts standard Medicare Part D formulary	\$15 copayment	\$30 copayment
Level Two Plan-preferred brand-name drugs on Express Scripts standard Medicare Part D formulary	\$30 copayment	\$60 copayment
Level Three Non-plan-preferred drugs on Express Scripts standard Medicare Part D formulary	\$50 copayment	\$100 copayment
Level Four Specialty drugs on Express Scripts standard Medicare Part D formulary	\$65 copayment	\$130 copayment

Out-of-Network (retail only)

Available only in the event of an emergency, as defined by the Centers for Medicare & Medicaid Services (CMS). If an out-of-network pharmacy is used for a non-qualifying emergency, no benefits will be applied.

* The deductibles for the Prescription Drug Program are separate from the deductibles for the Enhanced POS, Standard POS, Traditional Indemnity and UnitedHealthcare Group Medicare Advantage (PPO).

** 60- and 90-day supplies are available at double and triple copayments; for cost savings, use mail order.

Dental

Please note: For the services shown in the table below, where coverage is expressed as a percentage, it is a percentage of the provider's negotiated rate (for in-network Dental Preferred Provider Organization [PPO] option services), of the reasonable and customary (R&C) fee (for out-of-network Dental PPO option services) or of the dentist-eligible charges (for Dental Maintenance Organization [DMO] option services).

Feature	Dental Preferred Provider Organization (PPO) Option		Dental Maintenance Organization (DMO) Option (Participating Providers)*
	In-Network	Out-of-Network	
Annual Deductible	<ul style="list-style-type: none"> ▪ \$50/individual ▪ \$100/family Applies to basic and major services only	<ul style="list-style-type: none"> ▪ \$75/individual ▪ \$150/family Applies to diagnostic, preventive, basic and major services	Generally not applicable
Diagnostic and Preventive Care (for example: exams, cleanings and routine X-rays)	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services (for example: fillings)	Plan pays 60%	Plan pays 40%	Plan pays 100%
Major Services (for example: crowns)	Plan pays 60%	Plan pays 40%	Plan pays 75%
Orthodontia	Plan pays 60% up to a lifetime maximum of \$1,500/individual	Plan pays 50% up to a lifetime maximum of \$1,500/individual	Plan pays 50%; in general, no lifetime maximum applies
Annual Maximum Benefit (in- and out-of-network combined)	\$1,250 (excluding orthodontia)	\$1,000 (excluding orthodontia)	Generally not applicable

* If you visit a non-participating dentist after you enroll in the DMO option, your benefit will generally be lower since it will be limited to a specific dollar amount.

Important Information Regarding the DMO Option

The DMO option is available in a limited area. If it does not appear as a coverage option on the YBR website during the annual open enrollment period, it may be because you live in an area with limited access to dentists in the DMO network.

If the DMO option does not appear as an available option and you are comfortable with the distance between you and the dentists who participate in the DMO network, call the Nokia Benefits Resource Center at 1-888-232-4111 to enroll.

Questions?

For questions about dental coverage or if you are looking for a provider in the PPO or DMO networks, please contact Aetna:

- www.aetna.com
- PPO option: 1-800-220-5470
- DMO option: 1-800-220-5479

Remember

You may not be eligible for all of the coverage options shown in this table.

resource contact information

For information about your benefits coverage, contact these resources.

Where	What You Will Find
Nokia Resources	
<p>http://resources.hewitt.com/nokia 24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., Eastern Time (ET)</p>	<p>The Your Benefits Resources (YBR) website</p> <ul style="list-style-type: none"> ▪ View your current coverage ▪ Review and compare your 2018 healthcare options and contribution costs ▪ Enroll in coverage for 2018 ▪ Make changes to your default coverage for 2018 ▪ Opt out of your 2018 coverage ▪ Find a doctor or healthcare provider ▪ Learn more about your Nokia benefits ▪ Review dependent eligibility rules ▪ Review, add or change your dependent's(s') information on file ▪ Understand how a Life Event may change your benefits
<p>1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) Monday through Friday, from 9:00 a.m. to 5:00 p.m., ET</p>	<p>Nokia Benefits Resource Center</p> <ul style="list-style-type: none"> ▪ If you do not have Internet access: <ul style="list-style-type: none"> – Enroll in coverage for 2018 – Make changes to your default coverage for 2018 – Opt out of your 2018 coverage – Review dependent eligibility rules – Review, add or change your dependent's(s') information on file ▪ Resolve a unique benefits issue that you have not been able to solve on your own ▪ Notify Nokia if you or your eligible dependent(s) will become Medicare-eligible due to a disability
<p>www.benefitanswersplus.com</p>	<p>The Nokia BenefitAnswers Plus website</p> <ul style="list-style-type: none"> ▪ See benefits news and updates, including coverage tips and reminders ▪ Get your enrollment materials ▪ Find answers to your benefit questions ▪ View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs) ▪ Find carrier contact information during the year
UnitedHealthcare® Group Medicare Advantage (PPO)	
<p>Group Medicare Advantage (PPO): www.UHCRetiree.com/nokia 1-888-980-8117 (TTY: 711) (8:00 a.m. to 8:00 p.m., local time, seven days a week) Enhanced and Standard POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567 www.myuhc.com</p>	<p>General information about your coverage and dedicated Customer Care (Member Services)</p> <ul style="list-style-type: none"> ▪ Understand how your UnitedHealthcare medical coverage works ▪ Find network physicians, specialists and facilities in your community ▪ Compare average treatment costs and hospitals in your area for medical procedures you may be considering ▪ Manage your healthcare choices and costs through a Plan Comparison Calculator ▪ Access claims information ▪ Speak with an experienced customer care representative who understands your plan and can answer questions quickly
<p>Group Medicare Advantage (PPO): 1-877-365-7949 Enhanced POS, Standard POS and Traditional Indemnity: www.myuhc.com 1-866-444-3011 (24 hours a day, seven days a week)</p>	<p>UnitedHealthcare OptumHealthSM Nurseline and Live Nurse Chat</p> <ul style="list-style-type: none"> ▪ Speak with a registered nurse at any time ▪ Get information about health and welfare topics ▪ Participate in a live online Nurse Chat ▪ Both English- and Spanish-speaking registered nurses are available

Where	What You Will Find
www.myoptumhealthcomplexmedical.com 1-866-936-6002 (7:00 a.m. to 7:00 p.m., Central Time [CT], Monday through Friday, excluding holidays)	UnitedHealthcare Cancer Resource Services (CRS) <ul style="list-style-type: none"> ▪ Get information regarding a cancer diagnosis and treatment ▪ Find cancer centers or physicians
www.healthy-pregnancy.com 1-800-411-7984	Healthy Pregnancy Program <ul style="list-style-type: none"> ▪ 24-hour access to experienced maternity nurses ▪ Education and support for women through all stages of pregnancy and delivery
www.myoptumhealthcomplexmedical.com (click on the “Congenital Heart Disease” link or call the phone number on the back of your medical ID card)	Congenital Heart Disease Program (CHD) <ul style="list-style-type: none"> ▪ Clinical consultants can provide information to assist parents, family members, case managers and physicians in making decisions about congenital heart disease
www.myoptumhealthcomplexmedical.com (click on the “Transplantation” link or call the phone number on the back of your medical ID card)	Transplant Resource Services <ul style="list-style-type: none"> ▪ Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants
www.liveandworkwell.com Enhanced and Standard POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567	UnitedHealthcare Behavioral Health and Chemical Dependency <ul style="list-style-type: none"> ▪ Understand how your mental health and chemical dependency coverage works ▪ Access claims information
Express Scripts Prescription Drug Coverage (does not apply to HMO/Medicare HMO coverage)	
Participants not eligible for Medicare: www.express-scripts.com 1-800-336-5934 Medicare-eligible participants: 1-800-230-0512 (TTY: 1-800-716-3231)	Express Scripts <ul style="list-style-type: none"> ▪ Understand how your prescription drug coverage works ▪ Prescription drug coverage and pricing information, including comparisons for brand-name and generic medications received through mail order and retail ▪ Access claims information ▪ Find an in-network pharmacy ▪ Order medications from the Express Scripts Pharmacy for savings opportunities
Aetna Dental	
www.aetna.com PPO option: 1-800-220-5470 DMO option: 1-800-220-5479	Aetna Dental <ul style="list-style-type: none"> ▪ Understand how your dental coverage works ▪ Find network dentists ▪ Access claims information
MetLife	
1-888-201-4612	MetLife Life Insurance <ul style="list-style-type: none"> ▪ Understand how your life insurance coverage works ▪ Request conversion ▪ Request or update beneficiary forms
1-800-984-8651	MetLife Long-Term Care Insurance (LTCI) <ul style="list-style-type: none"> ▪ Understand how your LTCI coverage works ▪ Note: Plan closed to new entrants as of December 31, 2011
HMO/Medicare HMO (see carrier contact information on next pages)	
Contact information is also available: <ul style="list-style-type: none"> ▪ On the back of your ID card, if you are currently enrolled in an HMO/Medicare HMO; ▪ By visiting the YBR website at http://resources.hewitt.com/nokia; or ▪ By calling the Nokia Benefits Resource Center at 1-888-232-4111. 	Your HMO/Medicare HMO carrier <ul style="list-style-type: none"> ▪ Understand how your HMO/Medicare HMO coverage works ▪ Access claims information

HMOs for Participants Not Eligible for Medicare

HMO Option	Phone Number	Website	
Aetna Pennsylvania	1-866-646-2496	www.aetna.com	
EmblemHealth (formerly HIP Health Plan of New York)	<ul style="list-style-type: none"> ▪ Members: 1-800-447-8255 ▪ Prospective members: 1-800-447-8632 	www.emblemhealth.com	
Horizon Blue Cross/Blue Shield of New Jersey	1-800-355-2583	www.horizonblue.com	
Kaiser Mid-Atlantic	<ul style="list-style-type: none"> ▪ Washington, D.C.: 1-301-468-6000 ▪ Outside the Washington, D.C. metro area: 1-800-777-7902 ▪ TDD: 1-301-879-6380 	http://my.kp.org/nokia	
Kaiser Northwest	<ul style="list-style-type: none"> ▪ Portland, OR area only: 1-503-813-2000 ▪ 1-800-813-2000 elsewhere 		
Kaiser of Northern California Kaiser of Southern California	1-800-464-4000		
Kaiser Washington	1-888-901-4636		
Kaiser Permanente of Colorado	<ul style="list-style-type: none"> ▪ 1-800-632-9700 ▪ Southern Colorado: 1-888-681-7878 		
Kaiser Permanente of Georgia	<ul style="list-style-type: none"> ▪ 1-888-865-5813 ▪ Local: 1-404-261-2590 		
Kaiser Permanente of Hawaii	<ul style="list-style-type: none"> ▪ Oahu: 1-808-432-5955 ▪ Other islands: 1-800-966-5955 		
Keystone Health Plan Central	<ul style="list-style-type: none"> ▪ 1-800-962-2242 ▪ TDD: 1-800-669-7075 		www.capbluecross.com
UnitedHealthcare Choice of Arizona	1-866-633-2446		www.myuhc.com
UnitedHealthcare of California	1-800-624-8822		www.uhcwest.com
UnitedHealthcare of Oklahoma	1-800-825-9355		

Medicare HMOs

Medicare HMO Option	Phone Number	Website
Aetna Health Plans of New Jersey	1-800-282-5366	www.aetna.com
Aetna Health Plans of Pennsylvania		
BlueCross BlueShield of North Carolina	1-888-310-4110	www.bcbsnc.com/member/medicare
Group Health of Puget Sound	1-888-901-4636	www.ghc.org
EmblemHealth (formerly HIP Health Plan of New York)	<ul style="list-style-type: none"> ▪ Members: 1-800-447-8255 ▪ Prospective members: 1-800-447-8632 	www.emblemhealth.com
Horizon Blue Cross/Blue Shield of New Jersey	<ul style="list-style-type: none"> ▪ Members: 1-800-365-2223 ▪ Prospective members: 1-800-224-1234 	www.horizonblue.com
Humana Health Plan of Florida Humana Health Plan of Illinois Humana Health Plan of Kansas City	<ul style="list-style-type: none"> ▪ Members: 1-866-396-8810 ▪ Prospective members: 1-800-824-8242 	www.humana.com
Kaiser Mid-Atlantic	<ul style="list-style-type: none"> ▪ 1-888-777-5536 ▪ TTY: 1-866-513-0008 	http://my.kp.org/nokia
Kaiser Northwest	<ul style="list-style-type: none"> ▪ Portland, OR area only: 1-503-813-2000 ▪ 1-800-813-2000 elsewhere 	
Kaiser of Northern California Kaiser of Southern California	1-800-443-0815	
Kaiser Permanente of Colorado	<ul style="list-style-type: none"> ▪ 1-800-476-2167 ▪ TTY: 1-866-513-9964 	
Kaiser Permanente of Georgia	<ul style="list-style-type: none"> ▪ 1-800-232-4404 ▪ Local: 1-404-233-3700 	
Kaiser Permanente of Hawaii	<ul style="list-style-type: none"> ▪ Oahu: 1-808-432-5955 ▪ Other islands: 1-800-966-5955 	
Keystone Health Plan Central	<ul style="list-style-type: none"> ▪ 1-800-962-2242 ▪ TDD: 1-800-779-6961 	https://seniorbluehmo.capbluecross.com
UnitedHealthcare of Arizona	1-800-610-2660	www.securehorizons.com
UnitedHealthcare of California	1-800-610-2660	
UnitedHealthcare of Colorado	1-800-610-2660	
UnitedHealthcare of Oklahoma	1-800-950-9355	

Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)

If you are a participant in the Nokia Medical Expense Plan for Retired Employees and/or the Nokia Dental Expense Plan for Retired Employees (collectively, the “Plans”), your personal health information is private. HIPAA requires the Plans to inform you of the availability of a notice about the Plans’ privacy practices, legal duties and your rights concerning your health information received and/or created by the Plans. You can print a copy of the Plans’ Notice of Privacy Practices for your records at any time from the BenefitAnswers Plus website at www.benefitanswersplus.com. You may also request a copy by calling 1-908-582-4727.

Women’s Health and Cancer Rights Act of 1998 Notice

The Women’s Health and Cancer Rights Act of 1998 ensures that medical plans that cover mastectomies also cover certain related reconstructive surgery. A covered woman who has a mastectomy can elect the following procedures after consulting with her physician and be assured of plan coverage for these expenses:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment required as a result of physical complications for all stages of mastectomy, including lymphedema.

Coverage is subject to all of the terms of the plan, including applicable copayments, deductibles and/or coinsurance provisions. For more information, contact your health plan’s Member Services.

Notice Regarding Nondiscrimination in the Provision and Administration of Retiree Group Healthcare Benefits

Nokia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in the provision or administration of benefits under its group healthcare programs for retirees. In this regard, in accordance with Section 1557 of the Affordable Care Act, Nokia does not exclude people or treat them differently for purposes of its retiree healthcare programs or the administration of such programs because of race, color, national origin, age, disability or sex. Nokia also provides, upon request and free of charge:

- Appropriate auxiliary aids and services to people with disabilities to communicate effectively with Nokia and program administrators, including, for example, written information in other formats (large print, audio, accessible electronic formats or other formats), and
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you believe you have been discriminated against, or if you need the above services, contact Nokia's Equal Opportunity Investigator, identified below. **Note: This contact is ONLY for assistance with federal nondiscrimination and accessibility requirements as they apply to the Nokia Medical Expense Plan for Retired Employees. If you have any other questions about your Nokia-provided health and welfare benefits, contact the Nokia Benefits Resource Center at 1-888-232-4111.**

Nokia's Equal Opportunity Investigator:
Brenda Sitton
601 Data Drive, Room 28021
Plano, TX 75075
469-991-2197
brenda.sitton@nokia.com

If you believe that Nokia has failed to provide those services or has discriminated in another way on the basis of race, color, national origin, age, disability or sex in its provision and administration of benefits under its group healthcare programs for retirees, you can file a grievance with the above person. Your grievance must be in writing and can be submitted by mail, fax or email. Grievances must be submitted within 60 days of your becoming aware of the alleged discriminatory action.

If you need help filing a grievance, the above person or entities are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla **español**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 469-991-2197 (brenda.sitton@nokia.com).

請注意：如果您說中文，我們免費為您提供語言協助服務請致電：469-991-2197 (brenda.sitton@nokia.com)。)

XIN LŪ'U Ý: Nếu quý vị nói tiếng **Việt**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 469-991-2197 (brenda.sitton@nokia.com).

알림: **한국어**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다.
469-991-2197 (brenda.sitton@nokia.com) 번으로 전화하십시오.

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

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском**. Позвоните по номеру 469-991-2197 (brenda.sitton@nokia.com).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
469-991-2197 (رقم هاتف الصم والبكم: 469-991-2197) (brenda.sitton@nokia.com)

ATANSYON: Si w pale **Kreyòl ayisyen**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 469-991-2197 (brenda.sitton@nokia.com).

ATTENTION : Si vous parlez **français**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 469-991-2197 (brenda.sitton@nokia.com).

UWAGA: Jeżeli mówisz po **polsku**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 469-991-2197 (brenda.sitton@nokia.com).

ATENÇÃO: Se você fala **português**, contate o serviço de assistência de idiomas gratuito. Ligue para 469-991-2197 (brenda.sitton@nokia.com).

ATTENZIONE: in caso la lingua parlata sia l'**italiano**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 469-991-2197 (brenda.sitton@nokia.com).

ACHTUNG: Falls Sie **Deutsch** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 469-991-2197 (brenda.sitton@nokia.com) an.

注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。469-991-2197 (brenda.sitton@nokia.com) にお電話ください。

توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد.
469-991-2197 (brenda.sitton@nokia.com) تماس بگیرید.

कृपा ध्यान दें: यदि आप **हिंदी** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपा पर काल करें 469-991-2197 (brenda.sitton@nokia.com)

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.

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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