

2019 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

If you and/or your covered dependent(s) are or will soon become Medicare-eligible, you may have an opportunity to choose and/or change your healthcare coverage.

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 Your Benefits Resources™ (YBR) website during your enrollment period or to the Nokia Medical Expense Plan for Retired Employees Summary Plan Description and related Summaries of Material Modifications on the BenefitAnswers Plus website 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.

How to Use This Guide

1	Getting Startedpages 1–3 <ul style="list-style-type: none">▪ Make Sure You Can Enroll in Nokia Coverage for Medicare-Eligible Participants▪ Get to Know Your A, B, C’s and D’s of Medicare▪ Understanding Nokia Retiree Healthcare Coverage
2	Nokia Coverage Optionspages 4–8 <ul style="list-style-type: none">▪ Coverage Options for Medicare-Eligible Participants▪ Coverage Options for Your Spouse and/or Covered Dependent(s)
3	Medicare and Your Nokia Coveragepages 8–13 <ul style="list-style-type: none">▪ <i>Before</i> You Enroll in Nokia Retiree Healthcare Coverage▪ How Medicare Works With Nokia Retiree Healthcare Coverage▪ Learn More With These Resources
4	Nondiscrimination in the Provision and Administration of Group Healthcare Benefitspages 15–16

Read the “Medicare & You 2019” Handbook First

The “Medicare & You 2019” 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, seven days a week.

Note

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



Important! Make Sure You Can Enroll in Nokia Coverage for Medicare-Eligible Participants

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

- Be enrolled in Medicare Part A **and** Medicare Part B.
- Use correct Medicare information when you enroll in Nokia 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.
- Not elect Medicare coverage offered through a separate, private insurer (not offered through Nokia).

See pages 8 and 9 for details.

1 Getting Started

Get to Know Your A, B, 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	Hospital insurance 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) prescription drug coverage	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

1

Getting Started

Understanding Nokia Retiree Healthcare Coverage

What Happens When You Become Medicare-Eligible

You can participate in the Nokia medical and prescription drug 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 age 64 and enrolled in the Point of Service (POS) coverage option, and your 65th birthday is on April 15, 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 covered 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 options available to you and the next steps to take to enroll in or maintain coverage. You can choose to enroll in any of the Nokia medical (which includes prescription drug) coverage options available to Medicare-eligible participants, or decline (“opt out of”) coverage. To receive benefits from any Nokia healthcare coverage option for Medicare-eligible participants, you must be enrolled in Medicare Part A and Medicare Part B.

If you are already enrolled in Nokia 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 option 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 update your Medicare Part A and Medicare Part B effective date.

What Happens If You Become Medicare-Eligible Due to a Disability During the Year

If you or your spouse and/or covered 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 (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.

1

Getting Started

When You Can Change Your Coverage

You are eligible to 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 covered dependent(s) experience a qualified status change during the year (such as marriage, divorce or death).

However, after you become Medicare-eligible, there are certain coverage changes that you can make at any time during the year. You can:

- Drop medical (which includes dental and prescription drug) coverage;
- Drop dependent(s) from medical (which includes dental and prescription drug) coverage;
- Switch from the UnitedHealthcare® Group Medicare Advantage (PPO) to the Traditional Indemnity option or a Medicare Health Maintenance Organization (HMO) option offered by the Plan;
- Switch between Medicare HMO options or from a Medicare HMO option to the Traditional Indemnity option or the UnitedHealthcare Group Medicare Advantage (PPO); and
- Switch from the Traditional Indemnity option to the UnitedHealthcare Group Medicare Advantage (PPO) option or a Medicare HMO option offered by the Plan.

If You Drop Nokia Retiree Healthcare Coverage

If you drop Nokia retiree healthcare coverage during the year, you can only re-enroll 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.)

To make any of the above changes during the year, call the Nokia Benefits Resource Center at 1-888-232-4111. You should call approximately one month prior to the date you want the change to occur.

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

Note that CMS approval is required for enrollment in and disenrollment from the UnitedHealthcare Group Medicare Advantage (PPO) and the Medicare HMOs. As a result, all elections and effective dates of coverage are driven by CMS. For more information, see page 11.

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 directly billed to you. You can change your election at any time by contacting the Nokia Benefits Resource Center at 1-888-232-4111.

Where Can I Find My Specific Coverage Options, Plan Designs and Premium Costs?

The information in this guide summarizes Nokia coverage options. For details, visit the YBR website at <http://resources.hewitt.com/nokia> to view your 2019 annual open enrollment materials or call the Nokia Benefits Resource Center at any time during the year at 1-888-232-4111. Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

2

Nokia Coverage Options

Coverage Options for Medicare-Eligible Participants

Medical Coverage

As a Medicare-eligible participant, your personal Nokia medical coverage options vary based on your geographic location. To receive benefits from any Nokia healthcare coverage option, you must be enrolled in Medicare Part A and Medicare Part B.

For most Medicare-eligible participants, the Nokia coverage options available are:

- UnitedHealthcare Group Medicare Advantage (PPO);
- UnitedHealthcare Traditional Indemnity; and
- Medicare HMOs (carriers vary by area and may not be available to you).

Some highlights of the differences between these types of medical options include:

Feature	UnitedHealthcare Group Medicare Advantage (PPO)	Traditional Indemnity	Medicare HMO
Networks	You can see any provider (in-network or out-of-network) at the same cost share, as long as he or she accepts the plan and has not opted out of Medicare	You can see any provider you choose	HMOs for individuals over age 65 work similarly to regular HMOs; you must visit in-network providers because care from out-of-network providers is typically not covered
Primary Care Physician (PCP)	Although recommended, you do not need to select a PCP or receive a referral to see a specialist	Not applicable	You must select a PCP who will provide routine care, refer you to in-network specialists and authorize hospital care
Preventive Care Services	Generally covered at 100%	Generally not covered	Generally covered at 100%

Other Covered Charges (OCC) Coverage — Applies to the Traditional Indemnity Option Only

Nokia offers OCC coverage to supplement Traditional Indemnity coverage only. OCC coverage is not a medical plan, but a separate coverage election that enhances the Traditional Indemnity option that is offered to Medicare-eligible participants.

The Traditional Indemnity option includes a \$50,000 lifetime maximum benefit on those services designated as eligible for OCC. Medicare-eligible participants (and their covered dependent[s]) can purchase additional OCC coverage for an additional level of insurance. OCC coverage can be purchased in one of three increments (\$50,000, \$100,000 or \$200,000) and is added on top of the original \$50,000 of OCC coverage to create a total OCC coverage amount of \$100,000, \$150,000 or \$250,000, respectively.

Example

A participant who is currently enrolled in the Traditional Indemnity option with \$50,000 of OCC coverage, and who purchases an additional \$200,000 of OCC coverage, would have a total of \$250,000 of OCC coverage (\$50,000 provided automatically + \$200,000 OCC buy-up coverage = \$250,000 total).

2

Nokia Coverage Options

You can use your OCC coverage to pay for the services that are designated as eligible for OCC coverage. Some examples of healthcare services covered by OCC include:

- Hospitalization beyond 120 days;
- Local ambulance services; and
- Physical therapy.

Once you have elected an OCC coverage amount, you can only decrease your coverage amount or cancel it completely. **You can never increase the OCC coverage amount or reinstate it once you cancel it.**

When You Will Be Charged for OCC Coverage

If you elect OCC coverage, you will be charged for it as follows:

- **Retiree OCC coverage:** You will be charged for the cost only when you are enrolled in the Traditional Indemnity option.
- **Spouse OCC coverage:** You will be charged for the cost only when you are enrolled in Nokia medical coverage and your Medicare-eligible spouse is receiving Traditional Indemnity coverage.
- **Child OCC coverage:** You will be charged for the cost only when you are enrolled in Nokia medical coverage and your Medicare-eligible dependent(s) are receiving Traditional Indemnity coverage.

You will know you are being charged for OCC coverage when you see the premium cost of this coverage as a deduction from your pension check or on your direct bill (depending on how you pay the premium cost for your healthcare coverage).

When and How to Elect OCC Coverage

You can elect OCC coverage upon retirement, during annual open enrollment or if you have a qualified status change, as follows.

- **During your initial retirement election period:** You can elect OCC coverage through the YBR website or by calling the Nokia Benefits Resource Center at 1-888-232-4111.
- **After your initial retirement election period — during annual open enrollment or as a result of a qualified status change:**
 - If you want to **decrease your OCC coverage**, you may do so through the YBR website.
 - If you want to **newly enroll in OCC coverage**, you may do so by calling the Nokia Benefits Resource Center at 1-888-232-4111.

To Learn More

For more information about OCC coverage, refer to the materials that you will receive from the Nokia Benefits Resource Center when you are first eligible to elect the coverage. For additional questions about enrolling in OCC coverage, call the Nokia Benefits Resource Center at 1-888-232-4111. For OCC coverage details, call UnitedHealthcare at 1-800-577-8567. If you have Internet access, you can find a list of the most frequently asked questions about OCC coverage on the BenefitAnswers Plus website at www.benefitanswersplus.com. To access the list, select the “Carriers & Other Resources” tile, then “Other Resources and Information” and then “How Other Covered Charges (OCC) Coverage Works.”

Note Regarding OCC Coverage

If you enroll in the UnitedHealthcare Group Medicare Advantage (PPO) or Medicare HMO options, you will not be charged for OCC coverage even though you will see the cost for OCC coverage when you enroll.

Please keep in mind: If you reduce or cancel your elected OCC coverage amount, you cannot increase or reinstate it in the future.

2

Nokia Coverage Options

Prescription Drug Coverage

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

If you enroll in:

- **UnitedHealthcare Group Medicare Advantage (PPO) coverage** — You will receive Express Scripts prescription drug coverage with this medical coverage.
- **Traditional Indemnity coverage** — You will receive Express Scripts prescription drug coverage with this medical coverage.
- **Medicare HMO coverage** — You will receive prescription drug coverage through the Medicare HMO carrier. Prescription drug plan designs and requirements vary by Medicare HMO.

Coverage Options for Your Spouse and/or Covered Dependent(s) Medical Coverage

If You and Your Spouse and/or Covered Dependent(s) Are Medicare-Eligible

Your spouse and/or covered dependent(s) must be enrolled in the same medical option and with the same healthcare carrier that you choose for yourself. See page 4 for the medical options and “Prescription Drug Coverage” above for the prescription drug coverage included with each option.

If You Are Medicare-Eligible and Your Spouse and/or Covered Dependent(s) Are Not Eligible for Medicare

The medical coverage options for your spouse and/or covered dependent(s) will vary and may include:

- UnitedHealthcare Point of Service (POS);
- UnitedHealthcare Traditional Indemnity; or
- HMOs (carriers vary by area).

See pages 4, 7 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 Covered Dependent(s) Are Medicare-Eligible:

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

- Traditional Indemnity; or
- Medicare HMOs (carriers vary by area).

See pages 4, 7 and 8 for more information on the medical options and the prescription drug coverage included with each option.

When and How Is Coverage for Your Eligible Spouse and/or Covered Dependent(s) Different Than Yours?
See pages 7 and 8 for a quick reference table.

2

Nokia Coverage Options

Highlights of the differences among the medical options that may be available to your spouse and/or covered dependent(s) include:

Medical Option	Networks	Primary Care Physician (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
Traditional Indemnity	You receive the same level of coverage, regardless of the healthcare provider you choose	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 he or she accepts the plan and has not opted out of Medicare	Although recommended, you do not need to select a PCP or receive a referral to see a specialist	Generally covered at 100%
HMO	Care from out-of-network providers is not covered	You must select a PCP who will provide routine care, refer you to in-network specialists and authorize hospital care	Typically covered at 100%

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 covered dependent(s) still wish to enroll in the option during your enrollment period, call the Nokia Benefits Resource Center at 1-888-232-4111 for more information. Your spouse and/or covered 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.

For Easy Reference...

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

If You Are Medicare-Eligible

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 Express Scripts prescription drug coverage	POS medical and Express Scripts prescription drug coverage, if the UnitedHealthcare POS is available in your area — otherwise, Traditional Indemnity medical and Express Scripts prescription drug coverage
Traditional Indemnity	Traditional Indemnity medical and Express Scripts prescription drug coverage	Traditional Indemnity medical and Express Scripts prescription drug coverage
Medicare HMO	Medicare HMO, with Medicare HMO prescription drug coverage	HMO, with HMO prescription drug coverage

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2

Nokia Coverage Options

(continued from page 7)

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 Express Scripts prescription drug coverage	Traditional Indemnity medical and Express Scripts prescription drug coverage, with Medicare primary
Traditional Indemnity	Traditional Indemnity medical and Express Scripts prescription drug coverage	
Health HMO	HMO, with HMO prescription drug coverage	Medicare HMO, with Medicare HMO prescription drug coverage

3

Medicare and Your Nokia Coverage

Before You Enroll in Nokia Retiree Healthcare Coverage

Simplify Your Enrollment

If you (and/or your spouse and/or covered dependent[s]) are becoming Medicare-eligible and plan to enroll in Nokia 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 covered Medicare-eligible dependent are enrolled in Medicare Part A and Medicare Part B**
Nokia 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) or Medicare Health Insurance Claim Number (HICN), as applicable, 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 P.O. Box address.
- **Match your personal information on file with the Nokia Benefits Resource Center (some of which is shown on the YBR website at <http://resources.hewitt.com/nokia>, or is available by calling the Nokia Benefits Resource Center at 1-888-232-4111) with the information on your Medicare ID card**
Your acceptance into a Medicare HMO or 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) or Medicare HICN, as applicable;
 - First name;
 - Last name;
 - Social Security Number;
 - Date of birth;
 - Gender; and
 - Address.

3

Medicare and Your Nokia Coverage

Update Your and Your Eligible Dependent(s)' Personal Information

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 Medicare-eligible covered 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	<ul style="list-style-type: none"> ▪ Online through the YBR website ▪ By calling the Nokia Benefits Resource Center 	To make a change with the Nokia Benefits Resource Center, go to http://resources.hewitt.com/nokia or call the Nokia Benefits Resource Center at 1-888-232-4111, from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday

How Medicare Works With Nokia Retiree Healthcare Coverage

To receive benefits from any Nokia healthcare coverage option for Medicare-eligible participants, you (and your Medicare-eligible spouse and/or Medicare-eligible covered 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.

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

Note

If you are Medicare-eligible because of end-stage renal disease (ESRD), contact the Nokia Benefits Resource Center at 1-888-232-4111, 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.

3

Medicare and Your Nokia Coverage

What Happens If You Are Not Enrolled in Medicare Part A and Medicare Part B

If you (and your spouse and/or covered dependent[s]) are Medicare-eligible and are not enrolled in Medicare Part A and Medicare Part B, you will not receive healthcare benefits from any Nokia coverage option. Here is why:

If You Enroll in the UnitedHealthcare Group Medicare Advantage (PPO) or a Medicare HMO

Your Medicare Part A and Medicare Part B benefits are assigned to the UnitedHealthcare Group Medicare Advantage (PPO) or Medicare HMO, which administers your Medicare benefits. The UnitedHealthcare Group Medicare Advantage (PPO) or Medicare HMO pays your providers directly for services received, and does not coordinate payment with Medicare.

If you are not enrolled in Medicare Part A and not paying for Medicare Part B, benefits are not assigned to the UnitedHealthcare Group Medicare Advantage (PPO) or Medicare HMO and you will not have coverage.

If You Enroll in Traditional Indemnity

Medicare benefits are not assigned to the health plan carrier, but Medicare Part A and Medicare Part B are considered your primary coverage and pay benefits first. Then, the Traditional Indemnity coverage, considered secondary coverage, may pay an additional benefit beyond what Medicare pays. Not having Medicare Part A and Medicare Part B coverage will result in significant costs for you because Traditional Indemnity coverage will pay benefits only as though you are enrolled in Medicare Part A and Medicare Part B.

The examples below and on the next page show the difference in cost between when you, a Medicare-eligible participant (and your Medicare-eligible spouse and/or Medicare-eligible covered dependent[s]), are enrolled in Medicare Part A and Part B with Traditional Indemnity, and when you are enrolled in Traditional Indemnity but not enrolled in Medicare Part A and Medicare Part B.

For Example:

(Applies to the Traditional Indemnity option only and assumes that the applicable annual deductibles have been met)

You Are Medicare-Eligible and Enrolled in Medicare Part A and Part B

Medicare Part B covers a \$100 claim at 80 percent, and the Plan covers the same claim at 80 percent.

- Medicare is primary coverage and pays the 80 percent (\$80) first.
- Plan coverage is secondary and, because the Plan also covers the service at the same 80 percent level as Medicare, no additional amount is paid by the Plan.
- **This means you are responsible for \$20.**

In the above example, since Medicare pays first (primary) and Nokia coverage (Traditional Indemnity) pays second (secondary), in certain situations you may receive an equal or greater level of coverage through your Medicare benefits than what your Nokia medical coverage would pay. In these situations, you will not receive any additional benefits through Nokia.

3

Medicare and Your Nokia Coverage

You Are Medicare-Eligible and *Not* Enrolled in Medicare Part A and Part B

Medicare Part B covers a \$100 claim at 80 percent, and the Plan covers the same claim at 80 percent.

- Medicare is primary coverage, but because you are not enrolled in Medicare Part A and Part B, Medicare will not pay anything for the \$100 claim.
- Plan coverage is secondary and, because the Plan also covers the claim at the same 80 percent level as Medicare would have covered, no additional amount is payable by the Plan.
- **This means you are responsible for the entire \$100.**

Medicare Part C Options Require Approval From CMS

The UnitedHealthcare Group Medicare Advantage (PPO) and Medicare HMOs are Medicare Part C options. 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 at the same time. Also, remember that CMS approval is required for enrollment in and disenrollment from the UnitedHealthcare Group Medicare Advantage (PPO) and the Medicare HMOs. As a result, all elections and effective dates of coverage are driven by CMS.

Other Medicare Part C Plans Are Available

Medicare Advantage Preferred Provider Organization (PPO) and other Medicare Part C plans are also available from private insurers. Enrolling in a Medicare Part C plan outside of the Company-sponsored Plan does not automatically cancel any Nokia coverages in which you are enrolled. To enroll in a Medicare Part C plan outside of the Company-sponsored Plan, such as during the Medicare Annual Election Period, **you must call the Nokia Benefits Resource Center to disenroll from your Nokia coverage.** If you later disenroll from the outside plan, you may be eligible to re-enroll in Nokia 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 outside plans, contact Medicare.

Avoid a Delay in Receiving Medicare HMO Coverage

If you enroll in a Medicare HMO option, you will receive form(s) in the mail from the Nokia Benefits Resource Center. To help expedite the CMS approval process, complete the form(s) with your personal information, Medicare information and signature, and return them to the Nokia Benefits Resource Center by the deadline stated on the form(s) to avoid any delays in receiving coverage.

Prescription Drug Coverage Is Offered

Medicare-eligible participants and their Medicare-eligible spouses and/or Medicare-eligible covered dependent(s) enrolled in the UnitedHealthcare Group Medicare Advantage (PPO) or the Traditional Indemnity option automatically receive the same prescription drug coverage as participants not eligible for Medicare. Participants and dependent(s) in a Medicare HMO receive prescription drug coverage directly through that Medicare HMO, and the plan designs vary.

3

Medicare and Your Nokia 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:

- Your Nokia prescription drug coverage will no longer pay any portion of your prescription medications — even if the Medicare Part D coverage does not pay for a claim;
- You and/or your dependent(s) 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 contribution structures, **so you will continue to pay the same premium costs** as someone who still has prescription drug coverage under the Plan; and
- Nokia 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.

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.

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 healthcare coverage for Medicare-eligible participants), you may still be eligible to sign up for Medicare at a later date. However, penalties may apply.

For more information about Medicare eligibility and/or enrollment, call Social Security at 1-800-772-1213. If Social Security requires evidence of your coverage, call the Nokia Benefits Resource Center at 1-888-232-4111 and speak with a representative. You can also review the “Medicare & You 2019” handbook, available from CMS, for details about Medicare enrollment and penalties.

There Are Other Special Enrollment Periods

If you remain actively employed beyond age 65 and covered by the Nokia medical plan for active employees, or are covered by your spouse’s employer’s medical plan for active employees, you may delay Medicare enrollment without penalty. However, you must elect Medicare within a special enrollment period after termination 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.

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 2019” 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, seven days a week.

3

Medicare and Your Nokia Coverage

Learn More with These Resources

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

For:	Contact:
A printed or printable version of "Medicare & You"	Medicare
Assistance in understanding Medicare information <ul style="list-style-type: none"> Facts about Medicare Parts A, B, C and D Details on Medicare HMOs Dates of the Annual Election Period 	<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
Specific questions about your Nokia medical and prescription drug coverage options and costs	<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
Questions about how Medicare impacts your Nokia coverage	Nokia Benefits Resource Center <ul style="list-style-type: none"> 1-888-232-4111 (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"> http://resources.hewitt.com/nokia
General information about Nokia retiree healthcare benefits, including important news and carrier contact information	BenefitAnswers Plus website
Specific information about the UnitedHealthcare Group Medicare Advantage (PPO) <ul style="list-style-type: none"> How medical coverage works Provider details 	<ul style="list-style-type: none"> www.benefitanswersplus.com UnitedHealthcare Group Medicare Advantage (PPO) <ul style="list-style-type: none"> 1-888-980-8117 (TTY: 711), from 8:00 a.m. to 8:00 p.m., ET, seven days a week www.uhcretiree.com/nokia
Specific information about UnitedHealthcare medical coverage <ul style="list-style-type: none"> Access claims information Find a provider 	UnitedHealthcare <ul style="list-style-type: none"> POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567 www.myuhc.com
HMO- and Medicare HMO-specific coverage information	Your HMO or Medicare HMO
Specific questions about your Nokia prescription drug coverage	<ul style="list-style-type: none"> Contact the Nokia Benefits Resource Center for contact information or, if enrolled, see the back of your HMO or Medicare HMO ID card Express Scripts <ul style="list-style-type: none"> 1-800-336-5934 www.express-scripts.com Your HMO or Medicare HMO <ul style="list-style-type: none"> Contact the Nokia Benefits Resource Center for contact information or, if enrolled, see the back of your HMO or Medicare HMO ID card
Assistance for current and former union members (not a representative of the Nokia medical plans)	Andy Wambach, CWA Employee Resource/Managed Care Program Coordinator
Assistance for former union members (not a representative of the Nokia medical plans)	<ul style="list-style-type: none"> andrew.wambach@nokia.com 1-800-296-3993 Robert Longenecker, IBEW Managed Care Program Coordinator <ul style="list-style-type: none"> rml1949@hotmail.com 1-610-413-9772

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4

Nondiscrimination in the Provision and Administration of 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: Brenda Sitton, 601 Data Drive, Room 28021, Plano, TX 75075; 469-991-2197; brenda.sitton@nokia.com.

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.**

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, 1-800-368-1019, 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 LƯU 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).

4

Nondiscrimination in the Provision and Administration of Group Healthcare Benefits

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 नि:शुल्क उपलब्ध हैं। कृपा पर काल करें 469-991-2197 (brenda.sitton@nokia.com)

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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 the applicable 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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