

Get More From Your 2020 Nokia Benefits



Important Information About Using Your Benefits in 2020

For Participants in the Active Management Plan Design

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

As the new year approaches, here is some important information to keep in mind if you are enrolled in a Health Care Flexible Spending Account (HFSA) and/or Dependent Care Flexible Spending Account (DFSA) for 2019 and/or 2020.

Upcoming FSA Deadlines

Keep track of these key dates for your 2019 and/or 2020 FSA(s):

Key Dates	What You Need to Know/What You Need to Do
DECEMBER 31, 2019	<ul style="list-style-type: none"> ▪ Last day to incur dependent care expenses that can be reimbursed from your 2019 DFSA.
JANUARY 1, 2020	<ul style="list-style-type: none"> ▪ The new Plan Year begins. ▪ If you have a balance in your 2019 HFSA: The 2019 HFSA “grace period” (January 1, 2020, through March 15, 2020) begins. You can use your balance to pay for eligible healthcare expenses you incur during the grace period. <ul style="list-style-type: none"> – If you re-enrolled in an HFSA for 2020: For eligible expenses incurred in 2020, you can use your Aight Smart-Choice Card™ (Smart-Choice Card) or submit claims to Aight Smart-Choice Accounts™ (Smart-Choice) online, through the Smart-Choice Mobile app or by fax or mail. <ul style="list-style-type: none"> • If you use your Smart-Choice Card: <ul style="list-style-type: none"> ◆ Expenses incurred during the grace period that are auto-substantiated will automatically be applied to your balance for the prior Plan Year (if available). ◆ Expenses incurred during the grace period that are not auto-substantiated will be applied to your balance for the current Plan Year. However, if Smart-Choice receives appropriate documentation before the May 15, 2020, claims submission deadline, the claim will be applied to your prior Plan Year balance (if available). • If you submit claims to Smart-Choice: Smart-Choice will automatically draw from your 2019 balance before using your 2020 account to pay for eligible expenses you incur during the grace period. – If you did not re-enroll in an HFSA for 2020: For eligible expenses incurred in 2019, submit claims to Smart-Choice online, through the app or by fax or mail. For eligible expenses incurred during the grace period, you also have the option to use your Smart-Choice Card. ▪ If you do not have a balance in your 2019 HFSA or if you are newly enrolled in an HFSA for 2020: Start using your 2020 Smart-Choice HFSA to be reimbursed for eligible healthcare expenses. You can use your Smart-Choice Card or submit claims to Smart-Choice online, through the

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Key Dates	What You Need to Know/What You Need to Do
	<p>app or by fax or mail.</p> <ul style="list-style-type: none">▪ If you have (re-)enrolled in a DFSA for 2020: Start using your 2019 Smart-Choice DFSA to be reimbursed for eligible dependent care expenses. You can submit claims to Smart-Choice online, through the app (you will need to provide the day care provider's eSignature) or by fax or mail. You cannot use the Smart-Choice Card to pay for DFSA expenses.
MARCH 15, 2020	<ul style="list-style-type: none">▪ 2019 HFSA grace period ends. This is the last day to incur eligible healthcare expenses that can be reimbursed from your 2019 HFSA.
MAY 15, 2020	<ul style="list-style-type: none">▪ 2019 FSA claims submission deadline. All your 2019 HFSA and/or DFSA claims must be submitted to Smart-Choice by this date.<ul style="list-style-type: none">– Important! Do not wait until the last minute to submit your final 2019 claims to Smart-Choice. It may take up to 10 days for a claim to be processed, so be sure to submit your claim far enough in advance of the May 15 deadline to ensure there is sufficient time to resolve any issues that may affect your claim.– After May 15, 2020, no additional documentation will be accepted for incomplete or invalid 2019 claims. This means that:<ul style="list-style-type: none">• If you submit a claim on May 15 but the documentation is incomplete or invalid (for example, a receipt is missing or a faxed submission is illegible), the claim will be denied and you will not be reimbursed for your expense.• However, if you submit a claim on May 15 and all documentation is complete and valid, your claim will be processed and you will be reimbursed.

Other Important Reminders

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

Manage Your FSA(s) From Anywhere

Remember, you can manage your HFSA and/or DFSA on the go from your Apple® or Android™ mobile device with the Smart-Choice Mobile app.

Use the app to:

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

Getting the app is easy. Just locate the Smart-Choice Mobile app in your mobile device's app store and download it onto your device.

Over-the-Counter Prescription Requirement for HFSA Expenses

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

OTC prescriptions are valid as follows:

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

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

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

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

Hang on to Those Receipts!

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

Enrolled in a DFSA? Use Provider Certification!

The Smart-Choice Provider Certification feature can help make filing your DFSA claims easier:

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

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

Important: Ensure that your dependent(s) qualify for a DFSA under Internal Revenue Service (IRS) guidelines. This means your dependent child must be under the age of 13.¹

¹ Age limit does not apply if your dependent is mentally or physically incapable of self-care, lives with you for more than half of the calendar year and has not been able to provide more than one-half of his or her own support for the calendar year.

For More Information

Questions about your FSA(s)? Contact Smart-Choice via a link on the Your Benefits Resources™ (YBR) website at <https://digital.alight.com/nokia>. You can also call the Nokia Benefits Resource Center at

1-888-232-4111. Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern time (ET), Monday through Friday.

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

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

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

The Importance of Preventive Care

Protecting your and your family's health is one of the most important things you can do. Keeping a focus on regular preventive care can help you and your family get and stay healthier.

Preventive care, including regular medical checkups, screenings and immunizations, is important to maintaining your good health. It can help you avoid potentially serious health conditions and/or obtain early diagnosis and treatment. Generally, the sooner your doctor can identify and treat a medical condition, the better the outcome.

Talk with your doctor or other healthcare provider to determine the preventive care services that are appropriate for you and your family. Which services you should receive, and how often you should receive them, will depend on your current health, personal and family medical histories, age and gender, as well as any risk factors.

In addition, be sure to check with your carrier to confirm whether — and how — a particular preventive care service is covered.

Please note: If you are enrolled in a UnitedHealthcare medical plan option, you can review [UnitedHealthcare's preventive care guidelines for children and adults here](#).

What You Need to Know About Your Member ID Cards

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

Medical

- **Re-enrolled in the Enhanced POS, Standard POS or Traditional Indemnity option (all of which include prescription drug coverage)?**
 - If you have re-enrolled in the **Enhanced or Standard POS option**, you will receive a new medical plan member ID card from UnitedHealthcare by January 1, 2020.
 - If you have re-enrolled in the **Traditional Indemnity option**, continue to use your current UnitedHealthcare medical plan member ID card in 2020.
 - Regardless of which medical option you have re-enrolled in, you will not receive a new prescription plan member ID card. Continue to use your current Express Scripts prescription plan member ID card in 2020.
- **Enrolled in the Enhanced POS, Standard POS or Traditional Indemnity option (all of which include prescription drug coverage) for the first time?**
 - You will receive new member ID cards from UnitedHealthcare (medical) and Express Scripts (prescription drug) by January 1, 2020.
- **Re-enrolled, or enrolled in a Health Maintenance Organization (HMO) for the first time?** Contact the HMO for any questions about member ID cards. You can find contact information on the back of your HMO member ID card (if you are currently enrolled) and in *Benefits At-a-Glance and Resource Contact Information 2020* on the BenefitAnswers Plus website at www.benefitanswersplus.com.

If you are enrolled in the Enhanced POS, Standard POS or Traditional Indemnity option and you have not received your new cards (as applicable) by January 1, 2020, or if you have misplaced your cards and need new ones, you may print them out from the applicable carrier's website:

- Medical (UnitedHealthcare): www.myuhc.com
- Prescription drug (Express Scripts): www.express-scripts.com

If you are enrolled in an HMO, contact the HMO for any questions about member ID cards. You can find contact information on the back of your HMO member ID card (if you are currently enrolled) and in *Benefits At-a-Glance and Resource Contact Information 2020* on the BenefitAnswers Plus website at www.benefitanswersplus.com.

Starting in January, your healthcare provider or pharmacy should be able to confirm your coverage directly with UnitedHealthcare (medical for the Enhanced POS, Standard POS and Traditional Indemnity options), Express Scripts (prescription drug for the Enhanced POS, Standard POS and Traditional Indemnity options) or your HMO (medical and prescription drug).

Dental

MetLife does not issue dental plan member ID cards; you do not need to present an ID card to receive services under the plan. Simply provide your dentist with your group information (Nokia 85848) and employee ID number. In addition, you can review your dental benefits at www.metlife.com/mybenefits. (To sign in, use the company/group name "US-Nokia" and follow the on-screen prompts.)

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

Choosing a doctor is one of the most important health decisions you will make. The UnitedHealth Premium® Program can help.

How the UnitedHealth Premium Program Works

The UnitedHealth Premium Program uses evidence-based medicine and national standardized measures to evaluate physicians in various specialties. When you choose a Premium Care Physician, you can be sure that the doctor meets the program's criteria for providing quality and cost-effective care.

How to Find a Premium Care Physician

Simply log on to www.myuhc.com and select "Find a Provider." Premium Care Physicians will be at the top of your search results. Look for two blue hearts and the words "Premium Care Physician" in the doctor's profile.

Keep in mind: If a doctor does not have a Premium designation, it does not mean that he or she provides a lower standard of care. It could mean that the data available to UnitedHealthcare was not sufficient to include the doctor in the program or that the doctor practices in a specialty not evaluated as a part of the Premium designation program. All doctors who are part of the UnitedHealthcare network must meet rigorous credentialing requirements, which are separate from the Premium program.

To learn more, see [Find the Right Doctors: Use the UnitedHealth Premium® Program](#).

Attention UnitedHealthcare Members: Take Advantage of These Tools and Resources Anytime

UnitedHealthcare offers a number of tools and resources to help you manage your and your family's health and healthcare. All are available at **no additional cost to you**.

Voice Identification (ID)

When you call UnitedHealthcare at the number on the back of your member ID card, you can use a voice ID to authenticate yourself going forward. Here is how it works:

During your call, you will have the option to record a voice ID while speaking your date of birth. Then, whenever you call UnitedHealthcare in the future, the system will recognize you when you say your birthdate.

If you prefer not to record a voice ID, no problem! Simply follow the system prompts to authenticate your identity every time you call. The choice is yours.

Right Care. Right Place. Right Savings.

Doctor's office. Virtual visit. Convenience care clinic. Urgent care center. Emergency room. You and your family have more options than ever when you need medical care.

UnitedHealthcare's **Check. Choose. Go.**[®] guide can help you make the right choice for your situation.

You can access the guide at uhc.com/checkchoosego or [here](#).

Virtual Visits

When you do not feel well or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Good news! You don't have to. As part of your UnitedHealthcare medical benefits, you have an alternative for nonemergency care: virtual visits.

A virtual visit lets you see and talk to a doctor from your smartphone, tablet or computer without an appointment. At a copayment of \$10 (Enhanced POS option) or \$20 (Standard POS option) per visit, a virtual visit is significantly less expensive than an office, urgent care center, or emergency room visit.

Most visits take about 10 – 15 minutes. Doctors can write a prescription², if needed, that you can pick up at your local pharmacy.

To register for and request a virtual visit, log on to **myuhc.com**[®]. In the center of your home page, you will see "My providers and facilities." Scroll to the right and select "Virtual Visits: Connect with a Doctor Online."

Once registered, you can request a visit. Pay your portion of the service via credit or debit card (including your HFSA debit card, if applicable) according to the terms of your medical plan option. Then, enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms and treatment options.

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

² Doctors cannot prescribe medications in all states.

Rally[®]

You have access to Rally, a user-friendly digital experience on **myuhc.com** that will engage you by using technology, gaming and social media to help you understand, learn about and feel supported on your health journey.

Rally offers personalized recommendations to help you and your covered family members make healthier choices and build healthier habits, one small step at a time. It is available at no additional cost to you. You can access Rally at www.myuhc.com from your smartphone, tablet or computer anytime.

OptumHealth™ NurseLine³

Illness or injury can happen anytime, not just during your doctor's regular office hours. **If your situation is life- or limb-threatening, call 911 or go to the nearest emergency room (ER) immediately.** But if your situation is less serious, remember that the UnitedHealthcare OptumHealth NurseLine is a toll-free call away — 24 hours a day, seven days a week.

The NurseLine's experienced registered nurses can answer your questions about an illness, injury or medication; help you manage a chronic condition; provide information about a variety of healthcare topics; and more. Both English- and Spanish-speaking registered nurses are available.

To reach the NurseLine, call 1-866-444-3011. You can also participate in an online Live Nurse Chat. Just log on to www.myuhc.com from any device with an Internet connection.

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

³This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

Real Appeal®

Real Appeal is an online weight loss and healthy lifestyle program based on the science of what really works to help people lose weight and keep it off. It is available to you and your family members age 18 and older.

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

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

Real Appeal is a fun and engaging program that helps you learn simple steps for a healthier life so you can spark your transformation. To learn more or get started, visit enroll.realappeal.com.

UnitedHealthcare® Mobile App

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

The UnitedHealthcare app gives you tools to help you find care, manage your health plan details, and stay on top of costs. You can:

- Find network care options for doctors, clinics and hospitals in your area
- Talk to a doctor by video 24/7
- See reviews and ratings for doctors
- Generate and share digital health plan member ID cards
- View claims and account balances
- Estimate the costs of common procedures
- View your copay, coinsurance, annual deductible and/or out-of-pocket expenses

To download the UnitedHealthcare app, visit the App Store or Google Play.

myHealthcare Cost Estimator

You may be surprised to learn that different doctors, labs and hospitals can charge **different** rates for the **same** medical services — even when they are all in-network. The myHealthcare Cost Estimator gives you the information you need to make the best decisions for your health **and** your wallet.

The myHealthcare Cost Estimator can help you:

- Preview and compare your costs for a procedure or treatment at different providers and facilities
- Choose the treatment option that is best for you
- Plan your care
- Budget for your medical expenses

You can access the myHealthcare Cost Estimator from www.myuhc.com or the UnitedHealthcare app. (To log on to www.myuhc.com, you will first need to register.)

Once you have accessed the myHealthcare Cost Estimator, just search for the condition (for example, back pain) or treatment (for example, physical therapy) for which you want a cost estimate. The myHealthcare Cost Estimator will show you doctors and locations that offer those services in your area. You can also learn about your treatment options, compare estimated costs, see quality and cost-efficiency ratings and map the location of the provider or facility. The cost estimator will even give you a personalized estimate of your out-of-pocket costs, based on your option's applicable deductible, coinsurance and/or out-of-pocket maximum.

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

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

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

a reply, you will not receive the confirmation text and you will continue to receive notifications as you do today.

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

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

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

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

Visit MagellanAscend.com, Your EAP Member Website

Be sure to check out MagellanAscend.com for helpful EAP tools, calculators, assessments, access to monthly newsletters and webinars, and health and wellness information. (The first time you visit, you will need to create a user/sign-in profile.)

MagellanAscend.com also offers a mobile app resources page. You will find a range of wellness-focused mobile apps to help you cope with everyday issues, including anxiety, stress, diabetes, autism, sleep, depression and more.

Check Out Clickotine, Magellan's Smoking Cessation App

Clickotine is an innovative program that uses clinically-driven app technology to help you create and stick to a quit plan and overcome nicotine cravings. Based on clinical trials and data, Clickotine has a high success rate. Key features include:

- **Personalized messaging:** Receive personal messages that keep you on track toward your quit goal.
- **Controlled breathing:** Monitor and control your breathing — an effective way to reduce nicotine withdrawal symptoms.
- **Real-time social support:** Post comments and share encouragement with others trying to quit.
- **Replacement distractions:** Get help diverting cravings to healthier actions.
- **Money saved:** Track how much money you have saved since your quit date — a powerful motivator for quitting.

For More Information

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

Manage Your Dental Benefits With the MetLife US App

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

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

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

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

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

Find Out How You Can Save on Your Dental Costs

As a reminder, effective January 1, 2020, both the Enhanced and Standard Dental Options will have a difference in benefit levels based on whether you use an in-network provider (general dentist or a specialist) versus an out-of-network provider. **To receive the in-network level of benefits, you will be required to use an in-network provider.**

You can continue to use any dental provider you choose. However, your out-of-pocket costs will be less if you use MetLife Preferred Dentist Program (PDP) Plus network providers because:

- PDP Plus network providers offer lower negotiated fees (usually 30 percent to 45 percent less than the average charges in the same community⁴), and
- Both dental options offer more generous coverage for PDP Plus network providers.

In contrast, if you use an out-of-network provider, your out-of-pocket costs will be based on reasonable and customary (R&C) charges, and your coverage will be lower.

Lower fees can help you cut your final costs and stretch your annual maximums. This can be especially important when you need specialty care like implants, root canals and crowns. The cost of these services can really add up. That is why it is good to know the network is there to help you manage your out-of-pocket costs.

You can view your potential savings on in-network vs. out-of-network fees by using the Dental Procedure Fee Tool⁵ located on www.metlife.com/mybenefits. (To sign in, use the company/group name "US-Nokia" and follow the on-screen prompts.)

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

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Example for a Specialty Service — Crown

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

	In-Network	Out-of-Network
Specialist charge ⁶	\$1,300.00	
MetLife negotiated fee	\$698.00	Not applicable
MetLife pays ⁷ (In-network is based on 80 percent coinsurance amount under the Enhanced Dental option for this type of service; out-of-network is based on 70 percent coinsurance)	\$558.40	\$910.00
Your out-of-pocket cost⁸	\$139.60	\$390.00
Approximate savings by visiting a participating dentist: \$250.40.⁸ The savings is the difference between the in-network out-of-pocket cost and the out-of-network out-of-pocket cost.		

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

To check your coverage or find a general dentist or specialist, log on to www.metlife.com/mybenefits or call 1-888-262-4876. You can also ask your dentist to recommend a network specialist in your community.

Best of all, participating dentists and specialists have undergone a careful selection process.⁹ You will never need a referral. So you get convenient access to quality care and support for better savings.

⁴ Based on internal analysis by MetLife. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services rendered by them, subject to any copayments, deductibles, cost-sharing and benefits maximums. Negotiated fees are subject to change.

⁵ The Dental Procedure Fee Tool is provided by VerifPoint, an independent vendor. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

⁶ Approximate costs provided by VerifPoint, Inc., an industry source independent of MetLife.

⁷ This example reflects an in-network coinsurance amount of 80 percent and an out-of-network coinsurance amount of 70 percent for major services under the Enhanced option.

⁸ The potential savings is based on the average charges. Actual savings will vary depending on the out-of-network dentist's actual charge for the service.

⁹ Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, rather than MetLife's. If you should have any questions, contact MetLife Customer Service.

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

Save on Taxes With the Commuter Benefits Program

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

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








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

Questions?

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

There's an App for That!

Need benefits information on the go? With these free apps, you can manage your Nokia health and welfare benefits from your smartphone or tablet, anytime and anywhere.

Name of App	What You Can Do With It	Where to Find It
UnitedHealthcare 	Find in-network medical providers, estimate costs, view and manage claims, access your ID card and connect with customer service representatives.	Search for "UnitedHealthcare" on the App Store and Google Play
UnitedHealthcare Rally 	Get personalized support and information to help you and your covered family members make healthier choices and build healthier habits.	Search for "Rally" on the App Store and Google Play
Express Scripts Express Rx 	Order prescription drug refills, get drug and pricing information, find a network pharmacy, track mail-order status and access your prescription plan member ID card.	Search for "Express Scripts" on the App Store and Google Play
MetLife 	Find in-network dentists, check the status of a claim and view an ID card.	Search for "MetLife US app" on the App Store and Google Play
Magellan Provider Search 	Find EAP providers in your area.	Search for "My Provider Locator" on the App Store (not available on Google Play)
Smart-Choice Mobile 	See your HFSA and/or DFSA balance(s), upload documentation, submit claims and more.	Search for "Smart-Choice Mobile app" on the App Store and Google Play
WageWorks EZ Receipts 	Manage your commuter benefits account, including checking your balance and viewing and submitting claims.	Search for "EZ Receipts" on the App Store and Google Play

Take a Fresh Look at Your Savings Plan

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

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

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

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

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

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

Keep Your Life Insurance and/or Savings Plan Beneficiaries Up to Date

It is important to keep your Nokia life insurance and/or Nokia Savings/401(k) Plan beneficiary information up to date. This will help your loved ones avoid delays in receiving your Nokia benefits in the event of your death. You can change your beneficiary information at any time.

To change your beneficiary designations and contact information for:

- **Life insurance** — Complete and submit the form(s) available on the BenefitAnswers Plus website at http://www.benefitanswersplus.com/active_m/index.html. Select “Forms” in the primary tiles and then select “Insurance Forms.” Or, contact MetLife at 1-888-201-4612.
- **Savings Plan** — Log on to the YBR website at <https://digital.alight.com/nokia> to access your Savings Plan account. Select “Your Profile” in the primary tiles and then select “Beneficiaries.” Or, call the Nokia Benefits Resource Center at 1-888-232-4111.

Coming Your Way: Tax Form 1095

As required by the Affordable Care Act (ACA; healthcare reform), employers must provide IRS Form 1095-C to certain (but not all) plan participants each year. The form serves as proof that you met the ACA's requirement for having qualifying healthcare coverage during the year. If this applies to you, you should expect to receive your 2019 Form 1095-C no later than January 31, 2020.

Form 1095 indicates the months of the year that you (and your dependents, if applicable) were offered or were enrolled in medical coverage during 2019. You may need Form 1095 or the information it includes in order to file your federal tax return for 2019. Nokia cannot offer tax advice, so you might consider consulting a tax advisor for further guidance on Form 1095. **(Please note:** Form 1095 will not replace any state forms you may receive that provide proof of medical insurance.)

New for 2020: New Jersey (NJ) and the District of Columbia (DC) will also require copies of the federal 1095 tax forms (used to report healthcare coverage) for employees who are residents during the tax year. For the 2019 tax year, filings are due by March 31, 2020, for NJ and by June 30, 2020, for DC. Nokia has partnered with Alight to ensure compliance with these new healthcare tax filing requirements, and 1095 data will be provided to NJ and DC residents as needed.

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. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the Company. The Company cannot be bound by statements about the plans made by unauthorized personnel.

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