

# 2021 enrollment action guide



## For Participants in the Active Management Plan Design\*

\*The phrase “Active Management Plan Design” refers to the plan design applicable to US-based employees who are not union-represented employees covered by a collective bargaining agreement. It includes active employees; participants on a leave of absence (LOA) or Short-Term Disability (STD); COBRA participants; and survivors in the Family Security Program (FSP).

# 2021 annual open enrollment period

## Online-Only Enrollment Period:

Monday, September 21, 2020, at 9:00 a.m., Eastern Time (ET), through Sunday, September 27, 2020

View your coverage and costs, as well as make your elections on the Your Benefits Resources™ (YBR) website.

**You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2021 coverage, or to ask questions about your 2021 plan options and pricing, until Monday, September 28, 2020, at 9:00 a.m., ET.**

## Online and Phone Enrollment Period:

Monday, September 28, 2020, at 9:00 a.m., ET, through Friday, October 9, 2020, at 5:00 p.m., ET

View your coverage and costs as well as make your elections on the YBR website.

You may also call the Nokia Benefits Resource Center to enroll in or make changes to your coverage. Representatives are available from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.

**You must take action before Friday, October 9, 2020, at 5:00 p.m., ET. Late enrollments will not be accepted.**

Prepare to make your benefits decisions by reading the sections below.

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# what's changing for 2021

This section constitutes a **Summary of Material Modifications (SMM) to the Summary Plan Descriptions (SPDs) of the health and welfare benefit plans referred to herein.**

The following changes to benefits coverage under the Nokia health and welfare benefit plans (the "Plans") will take effect on January 1, 2021.

## Contribution Amounts

Review the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period for your 2021 contribution amounts.

## Prescription Drug Coverage Changes

CVS Caremark will replace Express Scripts as the prescription drug administrator for participants enrolled in the Enhanced Point of Service (POS), Standard POS and Traditional Indemnity options, effective January 1, 2021. In most cases, you will not experience any disruption when your prescription drug coverage moves to CVS Caremark. However, there may be some changes, including:

- Changes to the formulary (list of preferred drugs),
- Changes to the drugs that will require prior authorization and/or be subject to other limitations, and
- Changes to the drugs that will be classified as preventive and covered 100 percent without imposing a copayment, coinsurance or deductible.

There will also be an enhancement in how you can fill your maintenance prescriptions: **In addition to mail order, you can fill and pick up prescriptions for maintenance medications (up to a 90-day supply) at retail CVS pharmacies (including those in Target stores) at mail order pricing.**

## How to Fill Your Prescriptions

### Retail Prescriptions for Acute Conditions (Up to a 30-Day Supply)

Starting January 1, 2021, you can continue to fill up to a 30-day supply of a drug for an acute condition at **ANY RETAIL PHARMACY**, although you will save money when you use an in-network pharmacy. In-network pharmacies include CVS, Giant, Kroger, Rite Aid, Target (which are CVS pharmacies), Walgreens, Walmart and many others.

### Important Information About Default Coverage

Your default coverage is the Nokia health and welfare benefits coverage in which you and your covered dependent(s) will be enrolled automatically for 2021 if you **do not** take any action during the annual open enrollment period. **It is your responsibility to confirm that your 2021 default coverage shown on the YBR website is the coverage you want for 2021.**

Confirming your default coverage is quick and easy. See "Check Your Default Coverage" on page 11 to find out how to confirm your default coverage starting Monday, September 21, 2020.

### Reminder

When enrolling dependents, please be sure to review the Nokia Dependent Eligibility Rules at [https://benefitanswersplus.com/active\\_m/ded.html](https://benefitanswersplus.com/active_m/ded.html).

The rules describe who is eligible to be covered under Nokia's medical, dental, and life and accidental loss insurance Plans. With respect to children, the rules include various criteria, including age. As also described in the rules, if you have a child who is covered under the plan(s), is disabled, and would otherwise lose coverage under the plans due to no longer satisfying the age limit for coverage, you have the ability to continue coverage beyond the stated age provided certain criteria are met. Among these is that you obtain medical certification of disability and that you start the certification process within 31 days of the date your child loses eligibility under the plan(s) due to age.

To see if your pharmacy is in-network, or to find a nearby in-network pharmacy, call CVS Caremark at 1-800-240-9623 starting September 21, 2020. Once you receive your new CVS Caremark ID card in December, register on [Caremark.com](https://www.caremark.com) and click "Choose your pharmacy."

Be sure to provide your CVS Caremark ID card to your pharmacist when you fill your first prescription in 2021.

**Current retail pharmacy not in the CVS Caremark network?** To transfer your prescriptions to a CVS Caremark network retail pharmacy, go to the CVS Caremark network pharmacy of your choice and tell the pharmacist where your prescription is currently on file. The pharmacist will contact your current pharmacy and make the transfer for you.

**Please note:** As under your current Nokia prescription drug coverage, prescription drug copayments will **double** after the **third time** you receive a 30-day supply of a maintenance medication for a chronic condition at a retail pharmacy. For cost savings, fill up to a 90-day supply of a maintenance medication through mail order or pickup at a CVS retail pharmacy, as outlined below.

### Maintenance Prescriptions for Chronic Conditions (Up to a 90-Day Supply)

For maintenance medications for chronic conditions, you can fill your prescription for up to a 90-day supply:

- Through CVS Caremark Mail Service Pharmacy. When you order online, CVS Caremark will send up to a 90-day supply of your maintenance medications to your home with free delivery.

**OR**

- At a CVS retail pharmacy.

**Please note:**

- There may be a day supply limitation on some prescriptions, such as controlled substances, subject to state and federal dispensing limitations.
- You will need to get a new prescription from your provider for any expired prescriptions, or for prescriptions that have no refills remaining.

#### **What's in a Name?**

Although CVS Caremark will be the new prescription drug administrator starting in 2021, **you are NOT required to use a CVS pharmacy to fill your retail prescriptions.**

**You may use any retail pharmacy,** although you will save money when you use a pharmacy in the CVS Caremark network. In-network pharmacies include CVS, Giant, Kroger, Rite Aid, Target (which are CVS pharmacies), Walgreens, Walmart and many others.

#### **Currently Taking a Brand-Name Drug Without a Generic Equivalent?**

If your current brand-name prescription is identified as "non-preferred" on the CVS Caremark formulary, you may be able to save money by switching to an available, lower-cost "preferred" brand alternative.

The Welcome Kit that will be mailed to you in December will provide information about how you can check for potential cost savings on your brand-name prescriptions.

### How to Refill Current Maintenance Prescriptions for Chronic Conditions Through Mail Service

Express Scripts will be transferring all existing mail order maintenance prescription refills to CVS Caremark. However, your mail service refill request may be delayed because CVS Caremark must wait until the refill information is transferred. To help avoid a delay, choose **one** of these options:

- **Once you receive your new CVS Caremark ID card in December:** Ask your doctor to write a new prescription for up to a 90-day supply, plus any appropriate refills. Mail it to CVS Caremark with a mail service order form from [Caremark.com](http://Caremark.com).

**OR**

- **Starting January 1, 2021:** Submit your mail service refill request for a transferred maintenance prescription:
  - **Online:** Register at [Caremark.com](http://Caremark.com) to order refills and check the status of your order at any time. Have your CVS Caremark member ID number ready;
  - **By phone:** Call CVS Caremark at 1-800-240-9623 for automated refill service. Have your CVS Caremark member ID number ready; or
  - **By mail:** Complete a CVS Caremark Mail Service order form for each prescription. Mail the form and appropriate copayment to CVS Caremark at the address shown on the form.

**To obtain a CVS Caremark Mail Service order form online:** Go to [Caremark.com](http://Caremark.com). Be sure to have your CVS Caremark member ID card ready. The first time you visit the site, you will need to register and create a username and password. After you register, click “start mail service” to access the form. You can also call CVS Caremark at 1-800-240-9623 to request that a form be mailed to you. On subsequent visits, simply sign in using your username and password.

### How to Fill New Maintenance Prescriptions for Chronic Conditions Through Mail Service Starting January 1, 2021

For new long-term or maintenance medications, ask your doctor to write **two** prescriptions:

- The **first** for up to a 30-day supply, which you can fill at a participating retail network pharmacy for use until your mail service prescription arrives, and
- The **second** for up to a 90-day supply, plus any appropriate refills, to fill through the CVS Caremark Mail Service Pharmacy.

To fill your prescription:

- Complete a mail service order form (available at [Caremark.com](http://Caremark.com); after you register, click “Start your Rx mail delivery” to access the form) and send it to CVS Caremark Mail Service Pharmacy, along with your original prescription(s) and the appropriate copayment for each prescription. **Be sure to include your original prescription. Photocopies are not accepted.**

**OR**

- Call 1-800-240-9623; be sure to have your CVS Caremark member ID number ready.

**Important:** You must mail in a CVS Caremark Mail Service order form the first time you request a new prescription through mail service. The automated refill service is available only after your first prescription order is processed.

### Bonus! Get 20% off CVS-brand Health Items

As a CVS Caremark prescription drug program member, you can get a 20% discount off the regular price of most CVS-brand health-related products at retail CVS pharmacies when you use your CVS ExtraCare® Health Card.

To obtain your CVS ExtraCare Health Card, starting December 3, 2020:

- Register on [Caremark.com](http://Caremark.com); then “unlock” your ExtraCare Health Benefit at [Caremark.com/ExtraCareHealth](http://Caremark.com/ExtraCareHealth), or
- Call 1-888-543-5938.

Note the CVS ExtraCare Health Card is separate from the CVS Caremark member ID card included in your Welcome Kit.

## Special Situations

In early December, CVS Caremark will contact you (or your covered family member) by mail if one or more of the following apply:

- Your current prescription is not on the CVS Caremark formulary.
- Your current prescription requires prior authorization.
- Your mail-order prescription transfer is prohibited by law, such as if it is for a controlled substance or compound medication.

If any of these situations applies to you or a covered family member, you will need a new prescription from your doctor for your medication starting January 1, 2021. The personalized letter that you or your covered family member will receive in early December will provide details regarding the steps you should take to update your specific prescription(s). You may wish to share the letter with your doctor.

## Specialty Medications

CVS Caremark manages specialty medications through CVS Specialty®. Specialty drugs are injectable and oral prescriptions used for treating complex, chronic conditions such as hepatitis, hemophilia, and cancer. These drugs are complex to use and expensive, and your therapy could require frequent adjustments to your doses and intensive clinical monitoring.

If you currently take specialty medication, your prescription will need to be transferred to CVS Caremark for 2021. A representative from CVS Specialty will call you in December 2020 at your telephone number on file to answer your questions, help you enroll in the CVS Specialty program and transfer your prescriptions and assist with any infusion services that may need to be set up. If you have any questions, you can also call CVS Specialty at 1-800-237-2767.

## Prescription Drug Coverage Management Programs

Nokia is committed to providing you with cost-effective prescription drug coverage. With this goal in mind, CVS Caremark uses coverage management programs to administer how the Prescription Drug Program will cover certain prescription drugs.

Updates to the coverage management programs are made from time to time. CVS Caremark will notify you if any of these programs apply to you.

## Preparing for the Transition to CVS Caremark

Here are some steps you can take to get ready for the transition of your prescription drug coverage to CVS Caremark on January 1, 2021:

- **Starting September 21, 2020**, you can call CVS Caremark at 1-800-240-9623 for information about the current CVS Caremark formulary (including a list of the medications that will be classified as preventive and covered at 100 percent), drug pricing and how to find an in-network pharmacy.
- **Once you receive your new CVS Caremark ID card in December**, you can register at [Caremark.com](https://www.caremark.com). Be sure to have your ID card ready. Once you create your username and password, log in anytime for the information noted above as well as information about managing your prescriptions, setting up mail service and checking order status, signing up for prescription alerts, saving on prescription costs and more.
- **Starting January 1, 2021**, you can also get a copy of the most current CVS Caremark formulary on [Caremark.com](https://www.caremark.com) by clicking on "**covered drug list**" or by calling CVS Caremark at 1-800-240-9623.

### Watch for More Information About Your Prescription Drug Coverage in December

If you enroll in the Enhanced POS, Standard POS or Traditional Indemnity option for 2021, CVS Caremark will send you a prescription drug coverage Welcome Kit and member ID card in December.

In addition, be sure to check back with the BenefitAnswers Plus website at [www.benefitanswersplus.com](https://www.benefitanswersplus.com) in December for tips on using — and getting the most from using — your CVS Caremark prescription drug coverage benefits in 2021.

## HMO Changes

Effective January 1, 2021, the HMOs will become “non-grandfathered” within the meaning of the Affordable Care Act (ACA). As a result, the HMOs will reflect fully (to the extent they have not previously) all of the consumer protections that are required of non-grandfathered plans under the ACA. (Under the ACA, grandfathered plans are subject to many, but not all, of these consumer protections.) As a further result, however, the HMOs will no longer be subject to the restrictions imposed on grandfathered plans with respect to certain changes to their benefits and/or costs imposed on employees.

For information about the HMO options’ coverage changes and costs for 2021, see the Summaries of Benefits and Coverage on the YBR and BenefitAnswersPlus websites during the annual open enrollment period.

You can also contact the carriers of those options directly. Carrier contact information is on the back of your HMO ID card (if you are currently enrolled) and in *Benefits At-a-Glance and Resource Contact Information 2021* on the BenefitAnswers Plus website.

### **Other Changes May Apply to HMO Coverage**

Unless noted, the changes in this guide do not apply to Health Maintenance Organization (HMO) options. Check the YBR website during the annual open enrollment period or contact the carriers of those options directly for their 2021 coverage changes. Carrier contact information is on the back of your HMO ID card (if you are currently enrolled) and in *Benefits At-a-Glance and Resource Contact Information 2021* on the BenefitAnswers Plus website.

## Health Care Flexible Spending Account Changes

### Higher Annual Contribution Limit

Effective January 1, 2021, you can contribute up to \$2,750 per year to a Health Care Flexible Spending Account (HFSA). This is a \$50 increase from the current \$2,700 annual contribution limit. The annual contribution limit for the Dependent Care Flexible Spending Account (DFSA) remains at \$5,000 for 2021.

### Expanded Coverage for Certain Over-the-Counter Items

As a reminder, under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), the following items are considered qualified healthcare expenses and therefore eligible for reimbursement through an HFSA, retroactive to January 1, 2020:

- Over-the-counter drugs and medicines purchased without a doctor's prescription, and
- Menstrual care products.

## Changes to Group Universal Life Insurance Coverage

### Group Term Life Insurance Plan — Change to Definition of Total Annual Pay

The Nokia Group Term Life Insurance Plan (the “Group Term Life Insurance Plan” or the “Plan”) has been amended, effective as of January 1, 2020, to modify the definition of “Total Annual Pay” (“TAP”). This is not a substantive change but was done in order to preserve the available coverage under the Plan following the Company’s reduction, for certain US employees, of their target incentive percentages (with a corresponding enhancement to their benefit under the Cash Account Program) under the Nokia Metric Driven Incentive Plan and Nokia Performance Driven Incentive Plan, as announced earlier this year. The Plan was also amended to include an express definition of “Annual Rate of Pay.” This, too, was not a substantive change but was done to provide clearer terms regarding what is and is not part of an eligible employee’s annual rate of pay.

Under the Group Term Life Insurance Plan, employees may apply to purchase additional life insurance coverage for themselves at group rates. This coverage is known as group universal life insurance coverage, or GUL. Coverage amounts available under the Plan were based on an eligible employee’s TAP (as defined in the Plan). Prior to January 1, 2020, TAP generally meant an eligible employee’s “annual rate of pay plus target bonus,” rounded up to the next higher \$1,000.

Effective as of January 1, 2020, the Plan has been amended to include an express definition of “Annual Rate of Pay” as an eligible employee’s annual base salary (or other base rate of pay annualized) and to exclude all other forms of pay or compensation (such as, by way of example only, commissions, overtime pay, and bonuses).

Additionally, effective as of January 1, 2020, the Plan has been amended to revise the definition of TAP to preserve the available coverage under the Plan notwithstanding the reduction in target incentives percentages earlier this year. As amended, TAP means the amount, rounded to the next highest \$1,000, determined by multiplying the eligible employee’s “Annual Rate of Pay” (as defined in the Plan) by a percentage based on the employee’s job grade, as follows:

Job Grade	Percentage Multiplier	Job Grade	Percentage Multiplier	Job Grade	Percentage Multiplier
24	150%	13	130%	9	112.5%
23	150%	12	125%	8	110%
22	140%	11	120%	7	107.5%
21	135%	10	115%	6 or below	105%

Note: TAP is generally determined each year, typically mid-year in the year preceding the year to which it applies, and remains in effect for the entire calendar year. So, for example, if your annual base rate of pay in 2020 (at the time TAP is determined for this purpose) is \$125,000 and your Job Grade is 10, your TAP (for 2021) would be \$144,000 ( $\$125,000 \times 115\% = \$143,750$ , rounded to the next highest \$1,000).

The above new definition of TAP applies to all eligible employees with the exception of employees covered by Nokia’s Sales Incentive Plan (or any successor short-term incentive plan to the Sales Incentive Plan) (“SIP”). For eligible employees covered by the SIP, TAP continues to mean the employee’s Annual Rate of Pay plus target bonus.

## Use a Simplified Statement of Health Form to Apply for or Apply to Increase Coverage

Good news! Group universal life (GUL) insurance rates are being reduced by 10 percent\* effective January 1, 2021. (\*Note: You may not see a reduction in your existing premium if you experience other events affecting your coverage, such as an increase to your coverage amount or a salary change, and/or if you have entered into a new age bracket.)

To take advantage of these reduced rates and boost your coverage, during this year’s annual open enrollment period, you may apply for or apply to increase your GUL insurance coverage using an online “short” statement of health form. The form serves as the evidence of insurability that you must submit to MetLife, the carrier.

**The “short form” will only be available during this year’s annual open enrollment period (September 21, 2020 – October 9, 2020). IMPORTANT:** If you do not complete and submit the online short form to MetLife online by Friday, October 9, 2020, at 5:00 p.m., ET, you must use the regular form when you provide evidence of insurability to MetLife. (You may decrease or cancel GUL coverage at any time during the year.)

To access and submit the short form, follow the prompts that appear on the YBR website when you enroll in or increase your GUL insurance coverage during annual open enrollment. Watch for more information via email in September.

# flexible spending accounts (FSAs)

The following section is for participants who are enrolled in, or are eligible to elect, the Health Care Flexible Spending Account (HFSA) and/or Dependent Care Flexible Spending Account (DFSA).

## General Information

**You must actively elect the HFSA and/or DFSA during the annual open enrollment period each year. Elections do not roll over year-to-year.**

This means that, if you do not make a contribution election for the HFSA and/or DFSA during this annual open enrollment period, you will not participate in either or both accounts for 2021.

**Use it or lose it.** You will forfeit any 2020 HFSA and/or DFSA balances if not used by the deadline(s) to incur expenses (March 15, 2021, for HFSA expenses; December 31, 2020, for DFSA expenses) and if claims are not submitted (postmarked, faxed or uploaded) to Aight Smart-Choice Accounts™ (Smart-Choice Accounts) by May 15, 2021.

**You must keep all your receipts for eligible expenses. You may be asked to submit them for reimbursement.** In particular, if you cannot provide proof of a healthcare claim with a receipt, your Aight Smart-Choice Card™ (Smart-Choice Card) will be deactivated and you will need to either submit payment to cover those expenses or submit substitute receipts for any other eligible out-of-pocket healthcare expenses. Your Smart-Choice Card will be reactivated once you have submitted the necessary payment or valid receipts.

**If you are enrolled in the HFSA in 2020 and re-enroll for 2021,** hold on to your Smart-Choice Card. You can continue to use your current Smart-Choice Card in 2021 for 2021 Plan Year expenses.

**If you newly enroll in an FSA for 2021, you will receive a “welcome” email from Smart-Choice in December.** The Smart-Choice website (accessible directly from the YBR website) provides all the tools and information you need to manage your account(s). For example, you can view your account balance(s), submit and check the status of claims, learn about eligible expenses and more.

- Soon after you receive your welcome email, you will receive a Smart-Choice Card you can use to pay eligible healthcare expenses beginning January 1, 2021. You cannot use your Smart-Choice Card for DFSA expenses.
- Note that your Smart-Choice Card is automatically activated the first time you swipe it to pay for an eligible healthcare expense. You do not need to visit the Smart-Choice website or call the Nokia Benefits Resource Center to activate it.
- Need additional Smart-Choice Cards? Once your Smart-Choice Card is activated, you can request additional cards for eligible dependents (spouse, children) anytime through the Smart-Choice website or by calling the Nokia Benefits Resource Center.
- You can download the Smart-Choice mobile app from your mobile device's app store. The app provides a user-friendly experience, greater account insights and additional self-service capabilities.

### Need Help Choosing Your FSA Contribution Amount(s) for Next Year?

Use the “Estimate How Much to Contribute” tool on the YBR website during annual open enrollment to estimate your potential healthcare and/or dependent care expenses.

As a reminder, you can contribute up to **\$2,750** to an HFSA in 2021, up from \$2,700 in 2020, and up to **\$5,000** to a DFSA (unchanged from 2020).

## Keep Track of These Key FSA Dates

Key Dates	What You Need to Know/What You Need to Do
November 30, 2020	<ul style="list-style-type: none"> <li>▪ Last day you can make elections or changes to your FSAs for the current year — even if you experience a qualified status change that permits you to make changes to your benefits.</li> </ul>
December 31, 2020	<ul style="list-style-type: none"> <li>▪ Last day to incur dependent care expenses that can be reimbursed from your 2020 DFSA.</li> </ul>
January 1, 2021	<ul style="list-style-type: none"> <li>▪ The new Plan Year begins.</li> <li>▪ <b>If you have a balance in your 2020 HFSA:</b> The 2020 HFSA “grace period” (January 1, 2021, through March 15, 2021) begins. You can use your balance to pay for eligible healthcare expenses you incur during the grace period.             <ul style="list-style-type: none"> <li>– <b>If you re-enrolled in an HFSA for 2021:</b> For eligible expenses incurred in 2021, you can use your Smart-Choice Card or submit claims to Smart-Choice online, through the Smart-Choice mobile app, by fax or by mail.                 <ul style="list-style-type: none"> <li>• <b>If you use your Smart-Choice Card:</b> <ul style="list-style-type: none"> <li>◆ Expenses incurred during the grace period that are auto-substantiated will automatically be applied to your balance for the <b>prior</b> Plan Year (if available).</li> <li>◆ Expenses incurred during the grace period that are <b>not</b> auto-substantiated will be applied to your balance for the <b>current</b> Plan Year. However, if Smart-Choice receives appropriate documentation before the May 15, 2021, claims submission deadline, the claim will be applied to your <b>prior</b> Plan Year balance (if available).</li> </ul> </li> <li>• <b>If you submit claims to Smart-Choice:</b> Smart-Choice will automatically draw from your 2020 balance before using your 2021 account to pay for eligible expenses you incur during the grace period.</li> </ul> </li> <li>– <b>If you did not re-enroll in an HFSA for 2021:</b> For eligible expenses incurred in 2020, submit claims to Smart-Choice online, through the app, or by fax or mail. For eligible expenses incurred <b>during the grace period</b>, you also have the option to use your Smart-Choice Card.</li> </ul> </li> <li>▪ <b>If you do not have a balance in your 2020 HFSA or if you are newly enrolled in an HFSA for 2021:</b> Start using your 2021 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 app or by fax or mail.</li> <li>▪ <b>If you have (re-)enrolled in a DFSA for 2021:</b> Start using your 2021 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.</li> </ul>

(continued on next page)

Key Dates	What You Need to Know/What You Need to Do
<b>March 15, 2021</b>	<ul style="list-style-type: none"> <li>▪ 2020 HFSA grace period ends. This is the last day to incur eligible healthcare expenses that can be reimbursed from your 2020 HFSA.</li> </ul>
<b>May 15, 2021</b>	<ul style="list-style-type: none"> <li>▪ 2020 FSA claims submission deadline. All your 2020 HFSA and/or DFSA claims must be submitted to Smart-Choice by this date.               <ul style="list-style-type: none"> <li>– <b>Important!</b> Do not wait until the last minute to submit your final 2020 claims to Smart-Choice. <b>It may take up to 10 days for a claim to be processed</b>, 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.</li> <li>– After May 15, 2021, no additional documentation will be accepted for incomplete or invalid 2020 claims. This means:                   <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> </li> </ul> </li> </ul>

## For More Information

If you have questions about your FSA(s), contact Smart-Choice Accounts via a link on the YBR website or call the Nokia Benefits Resource Center at 1-888-232-4111 between 9:00 a.m. and 5:00 p.m., ET, Monday through Friday.

### **Remember: Vision Coverage Is a “Voluntary Benefit”**

As a reminder, vision coverage is a voluntary benefit available through Added Benefits.

**The 2021 voluntary benefits annual open enrollment period begins on Monday, September 21, 2020, at 9:00 a.m., ET, and ends on Friday, October 9, 2020, at 5:00 p.m., ET.**

You may enroll in, disenroll from or change your 2021 vision coverage during these dates **only**. If you are currently enrolled in vision coverage and take no action, your 2020 coverage will automatically roll over into 2021.

To take action or to learn more, visit [www.addedbenefitsaccess.com](http://www.addedbenefitsaccess.com) or call Added Benefits at 1-800-622-6045.

**Late enrollments, disenrollments or changes will not be accepted.**

## check your default coverage

**Your default coverage is the Nokia health and welfare benefits coverage in which you and your covered dependent(s) will be enrolled automatically for 2021 if you do not take any action during the annual open enrollment period.**

**Exception:** Flexible spending account (FSA) elections do **not** roll over year-to-year. You must actively elect to contribute to the FSA(s) during the annual open enrollment period each year.

Because your default coverage for 2021 may, in some cases, be different from your 2020 coverage, **it is your responsibility** to confirm that your 2021 default coverage shown on the YBR website during the annual open enrollment period is the coverage you want for 2021.

**Here is how to find your default coverage starting Monday, September 21, 2020.**

- 1. Visit the YBR website at <https://digital.alight.com/nokia>.**
- 2. Alternatively, you may call the Nokia Benefits Resource Center at 1-888-232-4111 to request that a copy of your default coverage record be sent to you.**
  - When prompted, enter the last four digits of your Social Security Number and your date of birth (mm-dd-yyyy). (You may also be prompted to enter your ZIP code.) No password required!
  - Anytime during the "It's annual enrollment time!" greeting, say "annual enrollment" and then say, "Send enrollment confirmation."

The copy of your default coverage record will be mailed to your address on file within seven to 10 business days.

*Note that, if you have signed up to receive communications from the Nokia Benefits Resource Center electronically, the copy will be sent to your Secured Participant Mailbox on YBR within one business day.*

## how to take action

If you decide to change your default coverage and take action during the annual open enrollment period, do it easily through the YBR website at <https://digital.alight.com/nokia>.

**This year, you can make your elections on the YBR website beginning September 21, 2020.** (You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2021 coverage, or to ask questions about your 2021 plan options and pricing, until Monday, September 28, 2020, at 9:00 a.m., ET.)

**Remember: You must take action before Friday, October 9, 2020, at 5:00 p.m., ET. Late enrollments will not be accepted.**

### Using YBR

Before you begin, make sure you have your User ID and password ready, along with any information — including Social Security Number(s) — for any new eligible dependent(s) you may be adding to your coverage.

#### Have You Forgotten Your YBR Website User ID and/or Password?

If so, go to the YBR website, select “Forgot User ID or Password?” and follow the prompts to get a new one(s).

A one-time access code will be provided to you by telephone or text message, as applicable (if you previously added your preferred telephone number — home or mobile — to the YBR website). You may also answer your security questions if you have previously completed them. If none of these are on file with YBR, you will need to request that a temporary password be sent to you by US mail. **It may take up to 10 days to receive your password through the mail.**

If you do not have Internet access, call the Nokia Benefits Resource Center at 1-888-232-4111 and follow the prompts for assistance.

**Tip:** If you have not already done so, log on to the YBR website today and provide your preferred telephone number — home or mobile. Just select “Your Profile,” then “Personal Information” and enter your phone number where indicated. We recommend that you add a mobile phone number to take advantage of additional security and text messaging capabilities. (If you have elected electronic delivery of benefits communications, those communications will still be sent to your email address on file.)

#### Do You Need to Take Action?

You may already be enrolled in the right coverage for yourself and your family and may not need to take any action during the annual open enrollment period. However, you will need to take action to:

- Choose coverage other than your default coverage (see “Check Your Default Coverage” on page 11;
- Add<sup>1</sup> or remove dependent(s) from coverage; and/or
- Make any other changes to your 2021 health and welfare benefits coverage, such as making a contribution election for your HFSA and/or DFSA, if eligible.

If you do not take action during the annual open enrollment period, you will receive the default coverage shown on the YBR website during the annual open enrollment period.

<sup>1</sup> Make sure your dependents are eligible under the Nokia eligibility rules before you add them to your coverage. You can view eligibility rules on the YBR website. You will be asked to verify the eligibility of the dependent(s) you enroll for coverage.

Then, when you are ready to begin, keep in mind these helpful hints:

- **Set aside enough time** to complete the enrollment process without interruption. After 15 minutes of inactivity on the YBR website, you will automatically be logged off and any elections made up to that point will not be saved.
- **The first time you log on from a particular device**, you will be prompted to choose and answer a series of security questions. This will register your device with the YBR website and provide additional protection for your personal information.
- **You have the option to choose** how you would prefer to receive communications from the Nokia Benefits Resource Center. Click the “Go Paperless” tile under “Highlights for You.” Follow the prompts to choose your preferred method of delivery (electronically or postal mail) and verify your contact information. **Please note:**
  - Communications delivered electronically will get to you faster, while communications delivered by mail may take up to 10 days.
  - Your election for receipt of communications on the YBR website will not affect the method of delivery for your annual open enrollment kit. If you would like to have a copy of your annual open enrollment kit mailed to you, please follow the instructions outlined in “Need to request a copy of your annual open enrollment kit by telephone?” on page 14.
- **Review your dependent(s) on file for each of your benefit plans** — and make any updates or corrections.
- **Click “Complete Enrollment”** either when you are done making your elections or if you must log off the YBR website before completing your elections; otherwise, your elections made up to that point will not be saved. You can log back on and make any additional changes before your enrollment deadline (Friday, October 9, 2020, at 5:00 p.m., ET) even if you have already completed your enrollment.
- **You may save or print your elections** if you like. To do so, save or print the “Completed Successfully!” page for your records when you are finished taking action.
- **Log off the YBR website** when you are finished to prevent others from viewing your information. When “You’ve Logged Off” appears on the screen, you will know your information is protected.
- **Watch for your enrollment confirmation** in your email. If you have a preferred email address on file, a detailed confirmation of enrollment statement will be emailed to you after you have completed your enrollment on YBR. The statement will show all your benefit elections as well as their monthly costs. Be sure to save it for your records.

## important reminders

Take note of the following for the annual open enrollment period — and all year.

- **Need to request a copy of your annual open enrollment kit by telephone?** The easiest and most convenient way to access the information you need to enroll continues to be through the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period. However, if you do not have Internet access, or you prefer to have a copy of the annual open enrollment kit sent to you, you can **only** make your request through the Nokia Benefits Resource Center's automated system.

Like YBR, the automated telephone system is easy and convenient to use. **Starting September 21, 2020**, just follow three simple steps:

1. Call the Nokia Benefits Resource Center at 1-888-232-4111.
2. When prompted, enter the last four digits of your Social Security Number and your date of birth (mm-dd-yyyy). (You may also be prompted to enter your ZIP code.) No password required!
3. Anytime during the "It's annual enrollment time!" greeting, say, "Annual enrollment" and then, "Request enrollment kit."

Your annual open enrollment kit will be mailed to your address on file within seven to 10 business days. Note that annual open enrollment kits are always sent via US Postal Service mail, even if you have signed up to receive communications from the Nokia Benefits Resource Center electronically.

- **Need help coping with stress, family pressures, money issues or work demands? Reach out to the Employee Assistance Program (EAP).** The EAP offers you and your household members free, confidential, 24/7 assistance for a wide range of behavioral health issues, such as emotional difficulties, alcoholism, drug abuse, marital or family concerns, and other personal and life issues. Enrollment in the EAP is not required, nor do you need to be enrolled in Nokia's medical plan in order to access the medical plan's EAP coverage. To speak with a counselor, call Magellan at 1-800-327-7348 or visit [www.MagellanAscend.com](http://www.MagellanAscend.com).
- **Are you dropping a dependent from coverage? Here is what you should know about COBRA.**
  - **COBRA continuation coverage is *not* offered to dependents removed from coverage during the annual open enrollment period.** If your dependent is experiencing a qualified status change (due to circumstances causing your dependent to no longer be eligible for coverage under the plan) and you remove that dependent from your coverage during the annual open enrollment period, your dependent will *not* be eligible for COBRA continuation coverage. Instead, if you have a dependent who experiences a qualified status change, report that change through the "Life Events" section on the YBR website (or call the Nokia Benefits Resource Center). Note: Typically, you must report all qualified status changes within 31 days of the change occurring. However, this deadline has previously been extended due to the COVID-19 pandemic. Log on to YBR or call the Nokia Benefits Resource Center for more information.
  - **COBRA continuation coverage *is* offered to dependents who lose coverage due to reaching the age limit.** Dependents aging out of group health plan eligibility will maintain coverage through the end of the month in which they turn age 26, at which point they will then become eligible for COBRA continuation coverage. If your dependent is aging out, you will receive communications about the loss of coverage and the applicable COBRA paperwork. (Your dependent will also receive the applicable COBRA paperwork.)

### To See Your Contribution Costs for 2021...

Review the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period.

- **What you need to know about your medical, prescription drug and/or dental member ID cards.**
  - **Medical:**
    - If you are not changing your UnitedHealthcare medical plan option for 2021, continue to use your current medical member ID card in 2021. You will not receive a new medical member ID card from UnitedHealthcare. However, you will receive a new prescription drug member ID card from CVS Caremark by January 1, 2021, to use in 2021.
    - If you are changing your UnitedHealthcare medical plan option or are enrolling in UnitedHealthcare medical coverage for the first time for 2021, you will receive new member ID cards from UnitedHealthcare and CVS Caremark by January 1, 2021.
    - If you have not received your new cards by January 1, 2021, or if you need new cards for yourself or additional cards for your dependents, you may print them from the applicable carrier's website:
      - ◆ Medical (UnitedHealthcare): [www.myuhc.com](http://www.myuhc.com)
      - ◆ Prescription drug (CVS Caremark): [Caremark.com](http://Caremark.com)
    - For HMO coverage, contact the HMO for any questions about member ID cards. You can find contact information on the back of your HMO ID card (if you are currently enrolled) and in *Benefits At-a-Glance and Resource Contact Information 2021* on the BenefitAnswers Plus website.
  - **Dental:** MetLife does not issue dental member ID cards; you do not need to present an ID card to receive services under the plan. Simply provide your dentist with your group information (Nokia 85848) and employee ID number. In addition, you can review your dental benefits at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).
- **Looking for an in-network UnitedHealthcare POS provider?** Use the information below when looking for an in-network POS provider on the UnitedHealthcare website (remember, you can also find in-network providers using the YBR website):
  - On [www.myuhc.com](http://www.myuhc.com), click "Find Physician, Laboratory or Facility" and then choose your plan. If you live in Maine, Massachusetts or New Hampshire, choose "UnitedHealthcare Choice Plus with Harvard Pilgrim"; if you live in any other state, choose "UnitedHealthcare Choice Plus."
- **Manage your health with Rally®.** Your UnitedHealthcare medical plan option gives you access to Rally, a user-friendly digital experience on [myuhc.com](http://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. You can access Rally at [www.myuhc.com](http://www.myuhc.com) from your computer, tablet or smartphone anytime.
- **Lose weight the healthy way with Real Appeal®.** Your UnitedHealthcare medical plan option also gives you access to Real Appeal, a fun and engaging online weight loss and healthy lifestyle program. Based on the science of what really works to help people lose weight and keep it off, Real Appeal is available at no cost to you and your covered family members age 18 and older. Connect with Real Appeal anytime at [www.realappeal.com](http://www.realappeal.com) from your computer, tablet or smartphone.
- **Keep in mind: Changes in your doctor's or healthcare provider's network participation are not considered qualified status changes.** Medical carriers' contracts with network providers may expire at any time during the year. You cannot make changes to your coverage and/or add/drop dependents outside of the annual open enrollment period due to these types of changes. Visit the YBR website at <https://digital.alight.com/nokia> (select the "Life Events" tab) for more information about qualified status changes.

- **Thinking of opting out of coverage?** You have the option to opt out of your Nokia coverage.
  - When you opt out of Nokia medical (which includes prescription drug) coverage, you can still keep your Nokia dental coverage, and vice versa.
  - You may be eligible to opt back into Nokia medical (which includes prescription drug) and/or Nokia dental coverage during a future annual open enrollment period or if you have a qualified status change.
  - Even if you opt of Nokia’s medical plan, you still have access to the plan’s EAP coverage.
  - **Attention Family Security Program (FSP) survivors:**
    - You cannot add new dependents to your Nokia medical coverage.
    - If you drop or lose Nokia medical coverage for any reason, you can **never** re-enroll.
- **To get the most from your dental coverage, remember these tools and resources:**
  - **Online tool for locating in-network dentists:** When comparing your dental plan options on the YBR website, click the “Find a Dentist” link to search for in-network providers.
  - **Company code for accessing and managing your dental benefits through MetLife’s MyBenefits:** Sign in to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) using the company name: “US-Nokia.”
- **Planning to enroll in voluntary benefits coverage?** Be sure you know when you can — and cannot — enroll.
  - **Vision coverage, legal services and health advisory services:** You may enroll in or drop these voluntary benefits for 2021 **only** during the annual open enrollment period for your voluntary benefits (September 21, 2020 – October 9, 2020).
  - **Identity theft protection services, auto and home insurance, and pet insurance:** You may add or drop coverage in these voluntary benefits anytime during the year.

To learn more or to enroll, visit [www.addedbenefitsaccess.com](http://www.addedbenefitsaccess.com) or call Added Benefits at 1-800-622-6045.

As a reminder, Nokia does not make any endorsement of or representation regarding any product or service provided under any voluntary benefits program. Note that the enrollment information in this guide does not apply to your voluntary benefits.

- **See the value of your health coverage.** The Affordable Care Act (ACA) requires that employers disclose the value of the employer-provided benefit for health insurance coverage on each participant’s Form W-2. You should expect to receive your 2020 Form W-2 no later than January 31, 2021.
- **You may receive the ACA-required Internal Revenue Service (IRS) Form 1095-C.** The ACA requires that employers provide 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. Employers must provide forms for the 2020 tax year to participants, as applicable, no later than January 31, 2021.
- **Want to see a summary of your health plan option’s benefits and coverage?** The ACA requires that employers provide participants with a Summary of Benefits and Coverage (SBC) in order to compare health plan options when making decisions and enrolling in coverage. SBC(s) for the health plan option(s) for which you are eligible will be available on the YBR website at <https://digital.alight.com/nokia> beginning September 21, 2020.

## 2021 Enrollment Action Guide

For Participants in the Active Management Plan Design

- **Be sure your beneficiaries are up to date.** Take care of the people who matter most. Use this annual open enrollment opportunity to review, add or update your beneficiary designation(s) on file. Visit the BenefitAnswers Plus website at [www.benefitanswersplus.com](http://www.benefitanswersplus.com) for information.
- **Review your permanent address on file.** As a reminder, the Nokia Benefits Resource Center recognizes your permanent address on file as your mailing address. That address also determines your eligibility for some benefit plan options. To update your address with the Nokia Benefits Resource Center, use one of the following venues:
  - **Active employees (including participants on a leave of absence or Short-Term Disability):** MyHRPortal
  - **COBRA participants and FSP survivors:** Call the Nokia Benefits Resource Center at 1-888-232-4111
- **The Nokia Health Plans' Notice of Privacy Practices is available on the BenefitAnswers Plus website.** Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Nokia health plans are required to provide you with a notice about their privacy practices, their legal duties and your rights concerning your health information. You can find this notice among your annual open enrollment materials on the BenefitAnswers Plus website at [www.benefitanswersplus.com](http://www.benefitanswersplus.com).

## resources for now and later

Nokia provides these year-round resources to help you conveniently manage your benefits.

### Your Benefits Resources (YBR) Website <https://digital.alight.com/nokia> (personalized and password protected)

- View your current coverage
- Review and compare your 2021 healthcare options and contribution costs — **and enroll online! (September 21, 2020 – October 9, 2020)**
- Opt out of your 2021 coverage
- Find a doctor or healthcare provider
- Learn more about your Nokia benefits
- Review, add or change the information on file for your dependent(s)
- Understand how a Life Event may change your benefits

### BenefitAnswers Plus Website [www.benefitanswersplus.com](http://www.benefitanswersplus.com) (non-personalized — no password required)

- See benefits news and updates, including coverage tips and reminders
- Get your enrollment materials
- Find answers to your benefits questions
- View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs)
- Find carrier contact information throughout the year

## More to Come

Be sure to check out the BenefitAnswers Plus website at [www.benefitanswersplus.com](http://www.benefitanswersplus.com) in December for important coverage reminders and tips on using your benefits in 2021.

**If you do not have access to the Internet, the Nokia Benefits Resource Center can help you resolve a unique benefits issue or enroll in or make changes to your coverage. Call 1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada). Representatives are available from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.**

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. 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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