

benefits at-a-glance and resource contact information 2021



For Participants in the Active Management Plan Design

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)

Note: You may not be eligible for all of the benefit plan options shown in the following tables.

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

- Visit the Your Benefits Resources™ (YBR) website at <https://digital.alight.com/nokia>; or
- Call the Nokia Benefits Resource Center at 1-888-232-4111. Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

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benefits at-a-glance

The tables that follow summarize some features of the 2021 Nokia medical and dental plan options applicable to eligible individuals covered under the Active Management plan design. Use them:

▪ During the annual open enrollment period — To compare plan options and coverage details before making your enrollment decisions.	▪ All year — Whenever you need information about your plan option or to determine whether a particular service or supply is covered.
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How Do These Tables Work?

Check and confirm:

1. Which specific options apply to you

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

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

2. What's covered

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

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

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

Need Information About a Health Maintenance Organization (HMO)?

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

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

You can also contact the HMO you are considering. You can find carrier contact information on page 18 of this guide. Or, if you are currently enrolled in an HMO, check the back of your HMO ID card.

Medical

Please note: For the medical services shown in the table below and on the following pages, where coverage is expressed as a percentage, it is a percentage of the provider's contracted rate (for in-network Enhanced and Standard Point of Service [POS] services) or of the reasonable and customary (R&C) fee (for Traditional Indemnity and out-of-network Enhanced and Standard POS services).

	Enhanced POS		Standard POS		
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	Traditional Indemnity
Choice of Doctors	Select from within a network of medical providers	Select any medical provider	Select from within a network of medical providers	Select any medical provider	Select from within a network of Preferred Provider Organization (PPO) providers or any medical provider
Annual Deductible	Not applicable	Individual: \$1,000 Two-person: \$2,000 Family: \$3,000	Not applicable	Individual: \$1,500 Two-person: \$3,000 Family: \$4,500	Individual: \$500 Two-person: \$1,000 Family: \$1,500
Annual Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000	Individual: \$5,000 (excludes deductible) Family: \$15,000 (excludes deductible)	Individual: \$4,000 Family: \$8,000	Individual: \$9,000 (excludes deductible) Family: \$27,000 (excludes deductible)	Individual: \$3,000 Family: \$6,000
Lifetime Maximum Benefit	Unlimited (some exclusions apply)				
Annual Maximum Benefit	Not applicable				
Copayment/Coinsurance for Covered Services					
Acupuncture	Plan pays 85%	Plan pays 60% after deductible is satisfied; limited to 30 visits/year	Plan pays 75%	Plan pays 50% after deductible is satisfied; limited to 30 visits/year	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Ambulance — Emergency Air Ambulance	Plan pays 85%	Plan pays 85%	Plan pays 75%	Plan pays 75%	Plan pays 80% after deductible is satisfied
Ambulance — Emergency Use of Ambulance	Plan pays 85%	Plan pays 85%	Plan pays 75%	Plan pays 75%	Plan pays 80% after deductible is satisfied
Ambulance — From Hospital to Hospital (if admitted to first hospital)	Plan pays 85%	Plan pays 85%	Plan pays 75%	Plan pays 75%	Plan pays 80% after deductible is satisfied
Anesthesia	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied

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	Enhanced POS		Standard POS		Traditional Indemnity
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	
Birth Control (prescription birth control or medication only)	See "Coverage Through the CVS Caremark Prescription Drug Program" on page 9.				
Birthing Center	Plan pays 85%	Plan pays 60% after deductible is satisfied and you pay \$300 copayment/ admission	Plan pays 75% after you pay \$300 copayment/ admission	Plan pays 50% after deductible is satisfied and you pay \$500 copayment/ admission	Plan pays 80% after deductible is satisfied
Blood and Blood Derivatives	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Cardiac Rehabilitation (phase three maintenance not covered)	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Chemotherapy	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Chiropractic	You pay \$40 copayment/ visit; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 60% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	You pay \$60 copayment/visit; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 50% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Durable Medical Equipment	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Emergency Room — Emergency Use	You pay \$150 copayment (waived if admitted)	You pay \$150 copayment (waived if admitted)	You pay \$200 copayment (waived if admitted)	You pay \$200 copayment (waived if admitted)	Plan pays 80% after deductible is satisfied
Emergency Room — Nonemergency Use	Plan pays 60% after you pay \$150 copayment	Plan pays 60% after you pay \$150 copayment	Plan pays 50% after you pay \$200 copayment	Plan pays 50% after you pay \$200 copayment	Plan pays 80% after deductible is satisfied
Extended Care Facility (or Skilled Nursing Facility)	Plan pays 85%	Plan pays 60% after deductible is satisfied; limited to 60 days/year	Plan pays 75%	Plan pays 50% after deductible is satisfied; limited to 60 days/year	Plan pays 80% after deductible is satisfied; limited to 120 days/year
Hearing Aids	\$2,500 allowance every three years (in- and out-of-network combined)	\$2,500 allowance every three years (in- and out-of-network combined)	\$2,500 allowance every three years (in- and out-of-network combined)	\$2,500 allowance every three years (in- and out-of-network combined)	Not covered

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Feature	Enhanced POS		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Home Healthcare	Plan pays 85%	Plan pays 60% after deductible is satisfied; limited to 100 visits/year	Plan pays 75%	Plan pays 50% after deductible is satisfied; limited to 100 visits/year	Plan pays 80% after deductible is satisfied; limited to 200 visits/year
Hospice Care	Plan pays 85%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 60% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 75%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 50% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 210 days/lifetime
Inpatient Hospitalization	Plan pays 85%	Plan pays 60% after deductible is satisfied and you pay \$300 copayment/admission	Plan pays 75% after you pay \$500 copayment/admission	Plan pays 50% after deductible is satisfied and you pay \$700 copayment/admission	Plan pays 80% after deductible is satisfied
Maternity ▪ Office visits: pre/postnatal ▪ In-hospital delivery services	Office visits: Plan pays 85% after you pay first office copayment In-hospital delivery services: Plan pays 85%	Office visits: Plan pays 60% after deductible is satisfied In-hospital delivery services: Plan pays 60% after deductible is satisfied and you pay \$300 copayment/admission	Office visits: Plan pays 75% after you pay first office copayment In-hospital delivery services: Plan pays 75% after you pay \$500 copayment/admission	Office visits: Plan pays 50% after deductible is satisfied In-hospital delivery services: Plan pays 50% after deductible is satisfied and you pay \$700 copayment/admission	Plan pays 80% after deductible is satisfied
Mental Health and Chemical Dependency	Inpatient: Plan pays 85% Outpatient: You pay \$30 copayment/visit	Inpatient: Plan pays 60% after deductible is satisfied and you pay \$300 copayment/admission Outpatient: Plan pays 60% after deductible is satisfied	Inpatient: Plan pays 75% after you pay \$500 copayment/admission Outpatient: You pay \$35 copayment/visit	Inpatient: Plan pays 50% after deductible is satisfied and you pay \$700 copayment/admission Outpatient: Plan pays 50% after deductible is satisfied	Inpatient and outpatient: Plan pays 80% after deductible is satisfied
Nutritionist	You pay \$40 copayment/visit	Not covered	You pay \$60 copayment/visit	Not covered	Not covered
Outpatient Lab/X-Ray	Plan pays 85% (or you pay \$30 copayment when included as part of office visit)	Plan pays 60% after deductible is satisfied	Plan pays 75% (or you pay \$35 copayment when included as part of office visit)	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied

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Feature	Enhanced POS		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Physician Hospital Visits and Consultations	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Physician Visits (virtual visits, primary care physician [PCP] office visits, specialist office visits and urgent care center visits) (non-preventive)	Virtual Visit: You pay \$10 copayment/visit PCP: You pay \$30 copayment/visit Specialist: You pay \$40 copayment/visit Urgent Care Center: You pay \$75 copayment/visit	Plan pays 60% after deductible is satisfied	Virtual Visit: You pay \$20 copayment/visit PCP: You pay \$35 copayment/visit Specialist: You pay \$60 copayment/visit Urgent Care Center: You pay \$100 copayment/visit	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Podiatrist	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Private Duty Nursing	Plan pays 85%	Plan pays 60% after deductible is satisfied; limited to 100 shifts/year	Plan pays 75%	Plan pays 50% after deductible is satisfied; limited to 100 shifts/year	Plan pays 80% after deductible is satisfied; limited to 200 shifts/year
Radiation Therapy	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Rehabilitation Therapy (outpatient physical, occupational, speech)	You pay \$40 copayment/visit	Plan pays 60% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise	You pay \$60 copayment/visit	Plan pays 50% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise	Plan pays 80% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise
Second Surgical Opinion	You pay \$40 copayment/visit	Plan pays 60% after deductible is satisfied	You pay \$60 copayment/visit	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Smoking Deterrents (prescription only)	See "Coverage Through the CVS Caremark Prescription Drug Program" on page 9.				

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	Enhanced POS		Standard POS		Traditional Indemnity
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	
Surgery — In-Office	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75% after you pay \$250 copayment	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Surgery — Inpatient	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75%	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Surgery — Outpatient	Plan pays 85%	Plan pays 60% after deductible is satisfied	Plan pays 75% after you pay \$300 copayment/ procedure	Plan pays 50% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Wigs	Plan pays up to \$300/year				
Preventive Care					
Routine Physical Exams	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	Plan pays 100%
Well-Child Care (including immunizations)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	Plan pays 100%
Well-Woman Care (ob-gyn exam)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	Plan pays 100%
Mammogram Screening (in doctor's office)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	Plan pays 100%
Pap Smear (in doctor's office)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	Plan pays 100%
Digital Rectal Exam and Blood Test for PSA (in doctor's office — prostate cancer screening for men age 50 and older)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied	Plan pays 100%
Newborn In-Hospital Care	Plan pays 100%	Plan pays 60% after deductible is satisfied; limited to one visit	Plan pays 100%	Plan pays 50% after deductible is satisfied; limited to one visit	Plan pays 100%

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Feature	Enhanced POS		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Other Important Information About Your Medical Coverage					
Are You Responsible for Charges in Excess of the Allowable Amount?	No	Yes	No	Yes	Yes
Who Is Responsible for Prior Authorization?	Your provider; check with your provider to ensure prior authorization is obtained	You	Your provider; check with your provider to ensure prior authorization is obtained	You	You
What Is the Penalty for Failure to Obtain Prior Authorization?	No benefits paid by plan	20% reduction in benefits, up to \$400 maximum/occurrence	No benefits paid by plan	20% reduction in benefits, up to \$400 maximum/occurrence	20% reduction in benefits, up to \$400 maximum/occurrence
Do You Have to File Claim Forms?	No	Yes	No	Yes	Yes
Are Centers of Excellence Available?	Yes				

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When You Need a Helping Hand, Count on the Employee Assistance Program (EAP)

Need help coping with stress, family pressures, money issues or work demands? Reach out to the EAP.

The EAP offers you and your household members free, confidential, 24/7 assistance for a wide range of medical and behavioral health issues, such as emotional difficulties, alcoholism, drug abuse, marital or family concerns, and other personal and life issues.

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

To speak with a counselor, call Magellan at 1-800-327-7348 or visit www.MagellanAscend.com.

	Enhanced POS		Standard POS		Traditional Indemnity
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	
Coverage Through the CVS Caremark Prescription Drug Program ^{1,2}					
Prescription Drug Out-of-Pocket Maximum	Individual: \$3,500 Family: \$7,000	Not applicable	Individual: \$4,000 Family: \$8,000	Not applicable	In-Network: Individual: \$3,500 Family: \$7,000 Out-of-Network: Not applicable
Retail³ (up to a 30-day supply using an in-network pharmacy)	Generic: \$20 copayment Preferred Brand: \$70 copayment Nonpreferred Brand: \$100 copayment	Plan pays 60% after you pay separate deductible: Individual: \$150 Two-person: \$300 Family: \$450	You pay \$20 copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket minimum of \$20 and maximum of \$120/ prescription	Plan pays 50% coinsurance for generic and brand-name drugs after you pay separate deductible: Individual: \$200 Two-person: \$400 Family: \$600	In-Network: Generic: \$20 copayment Preferred Brand: \$70 copayment Nonpreferred Brand: \$100 copayment Out-of-Network: Plan pays 60% after you pay separate deductible: Individual: \$150 Two-person: \$300 Family: \$450
Mail Order (up to a 90-day supply)	Generic: \$50 copayment Preferred Brand: \$175 copayment Nonpreferred Brand: \$250 copayment	Not applicable	You pay \$50 copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket minimum of \$50 and maximum of \$300/ prescription	Not applicable	Generic: \$50 copayment Preferred Brand: \$175 copayment Nonpreferred Brand: \$250 copayment
Member Pays the Difference	You will pay the generic copayment, plus the difference in cost between the brand-name and generic drug, if you purchase a brand-name drug when a generic equivalent is available.				

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¹ The deductibles and out-of-pocket maximums for the Prescription Drug Program are separate from the deductibles and out-of-pocket maximums for POS and Traditional Indemnity coverage. "Member Pays the Difference" program charges do not count toward prescription drug annual out-of-pocket maximums.

² Where prescription drug coverage is expressed as a percentage, it is a percentage of the plan's cost for the drug.

³ Prescription drug copayments will double after the third time you receive a 30-day supply of a maintenance medication at a retail pharmacy; for cost savings, fill up to a 90-day supply through mail order or pickup at a CVS retail pharmacy.

Feature	Enhanced POS		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Other Important Information About Your Medical and Prescription Drug Coverage					
\$0 Out-of-Pocket Cost for Certain Preventive Medications	<p>Certain preventive medications, including some over-the-counter (OTC) medications, are covered 100% without imposing a copayment, coinsurance or deductible as long as they are presented with a prescription from a licensed health care provider. The list of eligible medications is subject to change as ACA guidelines are updated or modified. For information about the medications covered under the prescription drug program, please call CVS Caremark at 1-800-240-9623 or visit Caremark.com.</p> <p>Please note that eligible vaccines are covered under the medical plan, not the prescription drug program. You must present your medical, not prescription drug, member ID card when visiting a provider for these immunizations. For information about the covered vaccines, please call UnitedHealthcare at 1-800-577-8539 or visit www.myuhc.com.</p>				

Remember	You may not be eligible for all of the coverage options shown in this table. For HMO information, contact the HMO. Carrier contact information is on page 18.
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Dental

Feature	MetLife Enhanced Dental		MetLife Standard Dental	
Network	You can 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: <ul style="list-style-type: none">PDP Plus network providers offer lower negotiated fees, andBoth dental options offer more generous coverage for PDP Plus network providers. 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.			
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (applies to Basic and Major services only; in- and out-of-network combined) ⁵	\$0	\$50 per individual; maximum of \$100 per family	\$50 per individual; maximum of \$100 per family	\$100 per individual; maximum of \$200 per family
Annual Maximum Benefit (per individual; in- and out-of-network combined) ⁶	\$2,250	\$1,750	\$1,500	\$1,000
Diagnostic/Preventive Care				
Oral Exam (two per year)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
Cleaning and Scaling of Teeth (two per year)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
Space Maintainers for Dependent Children (up to, but not including, age 19)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
Fluoride Treatment	Plan pays 100% (limited to four times per calendar year); no age limit	Plan pays 90%; not subject to deductible (limited to four times per calendar year); no age limit	Plan pays 100% for children up to, but not including, age 19; limited to twice per calendar year; not subject to deductible	Plan pays 90% for children up to, but not including, age 19; limited to twice per calendar year; not subject to deductible

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⁵ The in-network and out-of-network deductibles are shared. This means that when you receive a covered dental service that is subject to the deductible from an in-network **or** out-of-network provider, the amount you pay toward the deductible will count toward **both** the in-network **and** out-of-network deductible.

⁶ The in-network and out-of-network annual maximums are shared. This means that the amount the plan pays for a covered in-network **or** out-of-network dental service will count toward **both** the maximum in-network **and** out-of-network benefit the plan will pay for all covered dental services for the plan year.

Remember	You may not be eligible for all of the coverage options shown in this table.
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Dental (continued)

Feature	MetLife Enhanced Dental		MetLife Standard Dental	
Diagnostic/Preventive Care (continued)				
	In-Network	Out-of-Network	In-Network	Out-of-Network
X-Ray Services — Full-Mouth and Panoramic (Panorex)	Plan pays 100% (limited to once every 60 months)	Plan pays 90%; not subject to deductible (limited to once every 60 months)	Plan pays 100%; not subject to deductible (limited to once every 60 months)	Plan pays 90%; not subject to deductible (limited to once every 60 months)
Bitewing X-Ray (limited to once per year for adults; two times per year for children up to, but not including, age 19)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
Sealants for Permanent Molars	Plan pays 100% for children up to, but not including, age 19; limited to once in 60 months	Plan pays 90% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible	Plan pays 100% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible	Plan pays 90% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible
Restorative Services				
Anesthesia	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Extractions — Nonsurgical	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Extractions — Surgical	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Fillings (composite resin and amalgam)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Inlays/Onlays (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible

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Note:

This section includes a high-level summary of common procedures covered by these options and does not list all covered services. Additional frequency limits, requirements and exclusions may apply.

For more information about your dental coverage, contact MetLife at www.metlife.com/mybenefits or call 1-888-262-4876.

Remember

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

Dental (continued)

Feature	MetLife Enhanced Dental		MetLife Standard Dental	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Restorative Services (continued)				
Crowns to Restore Tooth Structure (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Periodontal Scaling/Planing	Plan pays 80% (limited to once per quadrant every 24 months)	Plan pays 70% after deductible (limited to once per quadrant every 24 months)	Plan pays 80% after deductible (limited to once per quadrant every 24 months)	Plan pays 70% after deductible (limited to once per quadrant every 24 months)
Periodontal Surgery	Plan pays 80% (limited to once per unique area every 36 months)	Plan pays 70% after deductible (limited to once per unique area every 36 months)	Plan pays 50% after deductible (limited to once per unique area every 36 months)	Plan pays 40% after deductible (limited to once per unique area every 36 months)
Bridges (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Implants (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Root Canals	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Dentures (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Removal of Wisdom Teeth — Nonsurgical	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible; not subject to calendar-year maximum	Plan pays 70% after deductible; not subject to calendar-year maximum
Removal of Wisdom Teeth — Surgical	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible; not subject to calendar-year maximum	Plan pays 40% after deductible; not subject to calendar-year maximum
Oral Surgery (except for surgical extractions and surgical removal of wisdom teeth)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible; not subject to calendar-year maximum	Plan pays 70% after deductible; not subject to calendar-year maximum
Orthodontia	Plan pays 50% up to lifetime maximum of \$2,000/individual (in- and out-of-network combined)		Plan pays 50% up to lifetime maximum of \$1,500/individual (in- and out-of-network combined)	
Bruxism (appliance replacement)	Plan pays 80% (limited to once every 24 months)	Plan pays 70% after deductible (limited to once every 24 months)	Not covered	

Remember

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

How You Can Save on Your Dental Costs

When you visit a general dentist or a specialist who is in the network, your out-of-pocket costs are usually lower. That is because participating dentists have agreed to accept negotiated fees that are usually 30 percent to 45 percent less than the average charges in the same community.⁷ Lower fees can help you cut your final costs and stretch your annual maximums.

In particular, the cost of specialty care like implants, root canals and crowns can really add up. That is why it is good to know the network is there to help you manage your out-of-pocket costs. You can view your potential savings on in-network vs. out-of-network fees by using the Dental Procedure Fee Tool⁸ located at www.metlife.com/mybenefits. (To sign in, use the company/group name “US-Nokia” and follow the onscreen prompts.)

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

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 ⁹	\$1,300.00	
MetLife negotiated fee	\$698.00	Not applicable
MetLife pays ¹⁰ (based on 80% in-network and 70% out-of-network coinsurance amount for this type of service)	\$558.40	\$910.00
Your out-of-pocket cost¹¹	\$139.60	\$390.00
Approximate savings by visiting a participating dentist: \$250.40.¹¹ 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.¹² You will never need a referral. So you get convenient access to quality care and support for better savings.

⁷ 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.

⁸ The Dental Procedure Fee Tool is provided by VeriPoint, 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.

⁹ Approximate costs provided by VeriPoint, Inc., an industry source independent of MetLife.

¹⁰ This example reflects an in-network coinsurance amount of 80 percent and an out-of-network coinsurance amount of 70 percent for major services.

¹¹ 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.

¹² 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.

resource contact information

For information about your benefits coverage, contact these resources.

Where	What You Will Find
Nokia Resources	
https://digital.alight.com/nokia 24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., ET	The Your Benefits Resources (YBR) website <ul style="list-style-type: none"> View your current coverage Review and compare your 2021 healthcare options and contribution costs Enroll in coverage for 2021 Make changes to your default coverage for 2021 Opt out of your 2021 coverage Find a doctor or healthcare provider Learn more about your Nokia benefits Review dependent eligibility rules Review, add or change your dependent's(s') information on file Understand how a Life Event may change your benefits
1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) 9:00 a.m. to 5:00 p.m., ET, Monday through Friday	Nokia Benefits Resource Center <ul style="list-style-type: none"> If you do not have Internet access: <ul style="list-style-type: none"> Enroll in coverage for 2021 Make changes to your default coverage for 2021 Opt out of your 2021 coverage Review dependent eligibility rules Review, add or change your dependent's(s') information on file Resolve a unique benefits issue that you have not been able to solve on your own Notify Nokia if you or your eligible dependent(s) will become Medicare-eligible due to a disability
www.benefitanswersplus.com	The Nokia BenefitAnswers Plus website <ul style="list-style-type: none"> 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 during the year
UnitedHealthcare®	
www.myuhc.com Enhanced and Standard POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567	General information about your coverage and dedicated Customer Care (Member Services) <ul style="list-style-type: none"> Understand how your UnitedHealthcare medical coverage works Find network physicians, specialists and facilities in your community Compare average treatment costs and hospitals in your area for medical procedures you may be considering Manage your healthcare choices and costs through a Plan Comparison Calculator Access claims information Speak with an experienced Customer Care representative who understands your plan and can answer questions quickly

Where	What You Will Find
www.myuhc.com 1-800-577-8539 24 hours a day, seven days a week	UnitedHealthcare OptumHealth™ NurseLine and Live Nurse Chat <ul style="list-style-type: none"> ▪ Speak with a registered nurse at any time by calling the UnitedHealthcare number on the back of your member ID card ▪ Get information about health and welfare topics ▪ Participate in a live online Nurse Chat ▪ Both English- and Spanish-speaking registered nurses are available
www.myoptumhealthcomplexmedical.com 1-866-936-6002 7:00 a.m. to 7:00 p.m., Central Time (CT), Monday through Friday, excluding holidays	UnitedHealthcare Cancer Resource Services (CRS) <ul style="list-style-type: none"> ▪ Get information regarding a cancer diagnosis and treatment ▪ Find cancer centers or physicians
www.healthy-pregnancy.com 1-800-411-7984	Healthy Pregnancy Program <ul style="list-style-type: none"> ▪ 24-hour access to experienced maternity nurses ▪ Education and support for women through all stages of pregnancy and delivery
www.myoptumhealthcomplexmedical.com (click the “Congenital Heart Disease” link or call the phone number on the back of your medical ID card)	Congenital Heart Disease Program (CHD) <ul style="list-style-type: none"> ▪ Clinical consultants can provide information to assist parents, family members, case managers and physicians in making decisions about congenital heart disease
www.myoptumhealthcomplexmedical.com (click the “Transplantation” link or call the phone number on the back of your medical ID card)	Transplant Resource Services (TRS) <ul style="list-style-type: none"> ▪ Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants
www.liveandworkwell.com Enhanced and Standard POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567	UnitedHealthcare Behavioral Health <ul style="list-style-type: none"> ▪ Understand how your mental health and substance abuse coverage works ▪ Access claims information
CVS Caremark Prescription Drug Coverage (does not apply to HMO coverage)	
Caremark.com 1-800-240-9623	CVS Caremark <ul style="list-style-type: none"> ▪ Understand how your prescription drug coverage works ▪ Prescription drug coverage and pricing information, including comparisons for brand-name and generic medications received through mail order and retail ▪ Access claims information ▪ Find an in-network pharmacy
Caremark.com/mailservice 1-800-240-9623	CVS Caremark Mail Service Pharmacy <ul style="list-style-type: none"> ▪ Order and refill maintenance medications from the CVS Caremark mail order service for savings opportunities
CVSSpecialty.com 1-800-237-2767	CVS Specialty <ul style="list-style-type: none"> ▪ Refill prescriptions and check order status ▪ Pick up prescriptions or have them shipped to you ▪ Talk to a pharmacist and nurse specially trained in your condition ▪ Access injection training, home infusion and other services

Where	What You Will Find
Magellan	
www.MagellanAscend.com 1-800-327-7348	Magellan EAP <ul style="list-style-type: none"> Get free, confidential 24/7 assistance for medical and behavioral health issues
MetLife	
www.metlife.com/mybenefits 1-888-262-4876 (use the company/group name "US-Nokia" to sign in to the website)	MetLife Dental <ul style="list-style-type: none"> Understand how your dental coverage works Find network dentists Access claims information
1-800-523-2894 MetLife GUL Department PO Box 14402 Lexington, KY 40512-4402	MetLife Group Universal Life (GUL) Insurance <ul style="list-style-type: none"> Get answers to all questions related to the GUL products Request portability Request or update beneficiary forms
1-888-201-4612	MetLife Life Insurance <ul style="list-style-type: none"> Understand how your life insurance coverage works Request conversion Request or update beneficiary forms
1-800-984-8651	MetLife Long-Term Care Insurance (LTCI) <ul style="list-style-type: none"> Understand how your LTCI coverage works Note: Plan closed to new entrants
Alight Smart-Choice Accounts™ (Flexible Spending Accounts)	
Available through the YBR website at https://digital.alight.com/nokia 1-888-232-4111; 9:00 a.m. to 5:00 p.m., ET, Monday through Friday	Health Care and/or Dependent Care Flexible Spending Accounts <ul style="list-style-type: none"> Obtain your account balance Learn about what qualifies as an eligible expense Submit claims Check the status of your claims
HMO (see carrier contact information on next page)	
Contact information is also available: <ul style="list-style-type: none"> On the back of your ID card, if you are currently enrolled in an HMO; By visiting the YBR website at https://digital.alight.com/nokia; or By calling the Nokia Benefits Resource Center at 1-888-232-4111. 	Your HMO carrier <ul style="list-style-type: none"> Understand how your HMO coverage works Access claims information

Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

If you are a participant in the Nokia Medical Expense Plan for Management Employees and/or the Nokia Dental Expense Plan for Active Employees (collectively, the "Plans"), your personal health information is private. HIPAA requires the Plans to inform you of the availability of a notice about the Plans' privacy practices, legal duties and your rights concerning your health information received and/or created by the Plans. You can print a copy of the Plans' Notice of Privacy Practices for your records at any time from the BenefitAnswers Plus website at www.benefitanswersplus.com. You may also request a copy by calling 1-908-723-9869.

HMOs

HMO Option	Phone Number	Website
Horizon Blue Cross Blue Shield of New Jersey	<ul style="list-style-type: none"> Members: 1-800-355-2583 Prospective members: 1-800-224-1234 	www.horizonblue.com
Kaiser Mid-Atlantic	<ul style="list-style-type: none"> Washington, D.C.: 1-301-468-6000 (TTY: 711) Outside the Washington, D.C., metro area: 1-800-777-7902 (TTY: 711) 	http://kp.org
Kaiser Northwest	<ul style="list-style-type: none"> Portland, OR, area only: 1-503-813-2000 1-800-813-2000 elsewhere 	
Kaiser of Northern California Kaiser of Southern California	1-800-464-4000	
Kaiser Permanente Washington	1-888-901-4636	
Kaiser Permanente of Colorado	<ul style="list-style-type: none"> 1-800-632-9700 Southern Colorado: 1-888-681-7878 	
Kaiser Permanente of Georgia	<ul style="list-style-type: none"> 1-888-865-5813 Local: 1-404-261-2590 	
Kaiser Permanente of Hawaii	<ul style="list-style-type: none"> Oahu: 1-808-432-5955 Other islands: 1-800-966-5955 	

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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