



# Get more from your 2025 Nokia benefits

**Important information about using your benefits in 2025**

**For eligible active employees, employees on a leave of absence (LOA) or  
Short-Term Disability (STD), and COBRA participants**

**UPDATED MAY 20, 2025**

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# Updated definition for the change in place of residence qualified status change (QSC)

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

Federal laws set specific rules about the types of benefits coverage changes that you can make during the Plan Year (January 1 through December 31). Once you make your benefit elections — either when you first become eligible for health and welfare benefits or during the annual open enrollment period — your choices remain in effect until the end of the effective Plan Year.

The exception is when you and/or your dependent(s) experience a Life Event (also known as a QSC), such as moving to a new address, getting married or divorced, having or adopting a child, a child losing eligibility for Nokia coverage, a family member losing coverage under another employer's plan, or your or a family member's death.

In this case, you may be eligible to change your health and welfare benefits coverage during the Plan Year, *before* the next annual open enrollment period. If you are eligible to make coverage changes, the changes you make must be consistent with your change in status.

**Effective October 15, 2024, the definition of the change in place of residence QSC for the Nokia Medical Expense Plan for Active Employees and the Nokia Dental Expense Plan for Active Employees was updated to the following: A change in residence for you or an Eligible Dependent that causes a gain or loss of eligibility for coverage.**

# Read this now if you are enrolled in a Flexible Spending Account (FSA)

**Important update: Effective May 20, 2025, the Smart-Choice Mobile is no longer available — use the Alight Mobile app instead**

To help streamline and improve how you manage your FSA(s) through Smart-Choice, **all Smart-Choice features and functionality are now accessible through the Alight Mobile app**. The standalone Smart-Choice Mobile app has been discontinued.

**When reading this article, please replace all references to the *Smart-Choice Mobile app* with the *Alight Mobile app*.**

If you have not already done so, download the Alight Mobile app to your mobile device (see “There’s an app for that!” on page 14), enter your YBR website User ID and password and tap “Sign in” to log on. You can access Smart-Choice Accounts right from the app’s home page.

If you try to use the Smart-Choice Mobile app during the first few months after the transition (May 20 through July), you will see the message “Access to this application is not available.” After July, you will see messaging that redirects you to the Alight Mobile app.

**Note:** You may continue to access the Smart-Choice Accounts website through the YBR website.

As the new year approaches, here is some important information to keep in mind if you are (or were) enrolled in a Health Care Flexible Spending Account (HFSA) and/or Dependent Care Flexible Spending Account (DFSA) for 2024 and/or 2025.

## Keep track of these key FSA dates

For your convenience, the grace period and claims submission deadlines for the 2024 and 2025 FSAs are summarized below.

Plan Year	Grace period ends	Claims filing deadline
<b>HFSA</b>		
2024	March 15, 2025	May 15, 2025
2025	March 15, 2026	May 15, 2026
<b>DFSA</b>		
2024	Not applicable	May 15, 2025
2025	Not applicable	May 15, 2026



## What you need to know and do when the new Plan Year starts on January 1, 2025

### About HFSA expenses and claims

- **If you have a balance in your 2024 HFSA:** The 2024 HFSA grace period (January 1, 2025, through March 15, 2025) begins. You can use your balance to pay for eligible healthcare expenses you incur during the grace period.
  - **If you re-enrolled in an HFSA for 2025:** For eligible expenses incurred in 2025, you can use your Smart-Choice Card or submit claims to Smart-Choice online, through the Smart-Choice Mobile app or by fax or mail.
- **If you use your Smart-Choice Card:**
  - ♦ Expenses incurred during the 2024 grace period that are auto-substantiated will automatically be applied to your balance for the **2024** Plan Year (if available).
  - ♦ Expenses incurred during the 2024 grace period that are not auto-substantiated will be applied to your balance for the **2025** Plan Year. However, if Smart-Choice receives appropriate documentation before the May 15, 2025, claims submission deadline, the claim will be applied to your **2024** Plan Year balance (if available).
- **If you submit claims to Smart-Choice:** Smart-Choice will automatically draw from your 2024 balance before using your 2025 account to pay for eligible expenses you incur during the grace period.
- **If you did not re-enroll in an HFSA for 2025:** For eligible expenses incurred in 2024, submit claims to Smart-Choice online, through the app or by fax or mail. For eligible expenses incurred **during the grace period**, you also have the option to use your Smart-Choice Card.
- **If you do not have a balance in your 2024 HFSA or if you are newly enrolled in an HFSA for 2025:** Start using your 2025 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.

### About DFSA expenses and claims

**Note:** You cannot use the Smart-Choice Card to pay for **any** dependent care expenses. You will need to submit your claims for dependent care expenses to Smart-Choice online, through the app (you will need to provide the day care provider's eSignature) or by fax or mail.

- **If you have a balance in your 2024 DFSA:** The last day to incur eligible dependent care expenses that can be reimbursed from your 2024 DFSA is **December 31, 2024**. There is no 2024 DFSA grace period. You have until **May 15, 2025**, to submit claims for eligible dependent care expenses incurred through December 31, 2024.
- **If you have re-enrolled or are newly enrolled in a DFSA for 2025:** Start using your 2025 Smart-Choice DFSA to be reimbursed for eligible dependent care expenses.

## Be sure to submit all claims for 2024 HFSA and DFSA expenses by May 15, 2025

Keep in mind, **you must submit all your 2024 HFSA and/or DFSA claims to Smart-Choice by May 15, 2025.**

**Do not wait until the last minute to submit your final 2024 claims to Smart-Choice. It may take up to 10 days for a claim to be processed**, so be sure to submit your claim far enough in advance of the May 15 deadline to ensure there is sufficient time to resolve any issues that may affect your claim.

After May 15, 2025, no additional documentation will be accepted for incomplete or invalid 2024 claims. This means that:

- If you submit a claim on May 15 but the documentation is incomplete or invalid (for example, a receipt is missing or a faxed submission is illegible), the claim will be denied and you will not be reimbursed for your expense.
- However, if you submit a claim on May 15 and all documentation is complete and valid, your claim will be processed and you will be reimbursed.

### Hang on to those receipts!

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

## Important reminders

### Manage your FSA(s) from anywhere

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

Use the app to:

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

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

### What documentation do you need to be reimbursed from your HFSA?

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

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

## Enrolled in a DFSA? Use provider certification!

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

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

**Using the Smart-Choice Mobile app to file your DFSA claims?** With the app’s Dependent Care E-Signature feature, you do not need to submit a hardcopy or electronic receipt from your dependent care provider for reimbursement. Just have your provider tap and sign the signature line of your mobile device’s screen. Select “Next” and then complete the rest of the claim submission process as usual.

**Important:** Ensure that your dependent(s) qualify for a DFSA under Internal Revenue Service (IRS) guidelines. This means your dependent child must be under the age of 13.<sup>1</sup>

## For more information

Questions about your FSA(s)? Contact Smart-Choice via a link on the Your Benefits Resources™ (YBR) website at [digital.alight.com/nokia](https://digital.alight.com/nokia). You can also call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711). Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

## The importance of preventive care

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

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

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

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

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

# What you need to know about your member ID cards

## Medical and prescription drug

- All Surest medical plan option members will receive new medical plan member ID cards from Surest by January 1, 2025, to use in 2025.
- All UnitedHealthcare (UHC) medical plan option members will receive medical plan member ID cards from UHC by January 1, 2025, to use in 2025.
- CVS Caremark will not provide 2024 members who have re-enrolled in or defaulted into the same Surest medical plan option for 2025 with new prescription drug member ID cards. Please continue to use your current CVS Caremark member ID card in 2025.
- CVS Caremark will provide new prescription member ID cards by January 1, 2025, to use in 2025, to:
  - All 2024 Surest members who have enrolled in a different Surest medical plan option for 2025; and
  - All employees who have enrolled in a UHC medical plan option for 2025.
- If you have not received your new card(s) (if applicable) by January 1, 2025, or if you need new cards for yourself or additional cards for your dependents, you may print (or, in the case of Surest and UHC, download a digital copy of) them from the applicable carrier's website, as shown below. You will need to log on or register to access the websites.
  - Medical (Surest): [Benefits.Surest.com](https://Benefits.Surest.com) (If you have re-enrolled in Surest coverage for 2025 and have not yet updated your username and password through HealthSafe ID (HSID), you will be prompted to do so when you log on to the website.)
  - Medical (UHC): [www.myuhc.com](https://www.myuhc.com) (If you have enrolled in UHC coverage for 2025, you will be prompted to set up an HSID username and password when you access the website. If you were previously enrolled in a UHC medical plan, or if you have already created an HSID for a 2024 Surest medical plan option, you likely have existing HSID credentials. See the 2025 *What's changing or Enrollment action guide* on the BenefitAnswers Plus website for more information.
  - Prescription drug (CVS Caremark): [Caremark.com](https://Caremark.com)
- For HMO coverage, contact the HMO for any questions about 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 2025* on the BenefitAnswers Plus website.

Starting in January, your healthcare provider or pharmacy should be able to confirm your coverage directly with Surest, UHC, CVS Caremark or your HMO, as applicable.

## Dental

MetLife does not issue dental plan 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 Nokia employee ID number. In addition, you can view and print your ID card at [www.metlife.com/mybenefits](https://www.metlife.com/mybenefits).

### See your prescription drug savings on Caremark.com

Your Nokia prescription drug coverage pays a major share of your prescription drug costs. Would you like to see how much you are saving? Log on to [Caremark.com](https://Caremark.com) to see both the discounted and full costs of your prescriptions.

This cost information is available in your online statements and when you use the website's Check Drug Costs tool.



# New for 2025! Expanded virtual care services for Surest members

As previously announced, the Surest Enhanced and Surest Standard options will provide in-network coverage for two additional virtual care services, effective January 1, 2025.

## Virtual sleep clinic

You will have access to an all-virtual sleep clinic through GEM SLEEP. GEM helps those at high risk for sleep apnea get tested and treated quickly by providing at-home sleep tests and a clinician who will review the results and provide a diagnosis.

Depending on the diagnosis, you will receive custom treatment recommendations, including a virtual mask fitting if applicable. You will also be connected to in-network durable medical equipment suppliers.

For each virtual visit, you will pay:

- Surest Enhanced: \$10 copay
- Surest Standard: \$25 copay

To learn more or get started, visit [www.mygemsleep.com/sponsor/surest](http://www.mygemsleep.com/sponsor/surest), [Benefits.Surest.com](http://Benefits.Surest.com) and/or the Surest mobile app.

## Virtual women's health

Through Visana Health (Visana), you can get convenient, empathetic care from expert clinicians who can diagnose and treat a wide range of women's health conditions, including menopause, polycystic ovary syndrome, general women's health and more! Services include urgent, primary and specialty care and are available to Surest members aged 18 or older.

For each virtual visit, you will pay:

- Surest Enhanced: \$10 copay
- Surest Standard: \$25 copay

For more information, call 1-612-217-4967 or visit [visanahealth.com/surest](http://visanahealth.com/surest), [Benefits.Surest.com](http://Benefits.Surest.com) and/or the Surest mobile app.

# New for Surest and UHC members: The Calm Health mobile app

Looking for personalized, easily accessible mental health and well-being support? Effective January 1, 2025, the Surest and UHC medical plan options will offer the Calm Health mobile app to you and your covered family members aged 16 years or older **at no additional cost**.

Available 24/7, the Calm Health app brings a library of support — including mindfulness content and programs created by psychologists — to meet you wherever you are on your well-being journey. Its personalized, confidential and secure resources are designed to support a range of health experiences, life stages and mental health challenges.

Calm Health can help you:

- **Learn techniques to improve your well-being.** Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm.
- **Work toward your personal goals at your own pace.** Take mental health screenings, join self-guided self-care programs and track your progress along the way.
- **Support your mind and body.** Access mental health information and support, including referrals to virtual behavioral coaching or licensed mental health therapists, to help strengthen your mind-body connection.

To get started:

- **Surest members:** Go to [Benefits.Surest.com](https://Benefits.Surest.com) or the Surest mobile app. Navigate to “Your Plan” and click on “Plan Resources.” Once within “Plan Resources,” scroll down to “Calm Health” and click “Visit Website.”
- **UHC members:** Go to [www.myuhc.com](https://www.myuhc.com) or the UHC mobile app. Navigate to the “Coverage and Benefits” tab, click on “Mental health” > “View all mental health coverage.” On the “Mental health benefits and resources” page, scroll down to the “Calm Health” section.

For more information, call your plan’s Member Services:

- **Surest members:** 1-866-683-6440
- **UHC members:** 1-800-577-8539

## Attention Surest and UHC members: Take advantage of these tools and resources anytime

Surest and UHC offer a number of tools and resources to help you manage your and your family's health and healthcare, **many of which are available at no additional cost to you**. The offerings available to you depend on whether you are enrolled in a Surest or UHC medical option.

Offerings include:

- **Surest members:** Surest mobile app; virtual visits for primary care, urgent and acute care, specialty care and behavioral healthcare; referrals for laboratory services through a virtual provider; My Cancer Journey (cancer navigation support program); Pacify (24/7 access to prenatal, pediatric and lactation experts); Kaia Health (app-based pain management program); 2nd.MD (virtual medical second opinion service); Virta (interactive coaching program to reverse type 2 diabetes); Real Appeal® (online weight loss and healthy lifestyle program); GEM SLEEP (virtual sleep clinic — new for 2025); Visana (virtual women's health — new for 2025); and Calm Health (app-based mental health and well-being support — new for 2025).
- **UHC members:** UHC mobile app; virtual visits for nonemergency and behavioral healthcare; referrals for laboratory services through a virtual provider; UnitedHealthcare Cancer Resource Services, Congenital Health Disease Program and Transplant Resources Services; myHealthcare Cost Estimator; Real Appeal® online weight loss and healthy lifestyle program; and Calm Health (app-based mental health and well-being support — new for 2025).

For more information:

- **Surest members:** Visit [Benefits.Surest.com](https://Benefits.Surest.com), use the Surest mobile app or call Surest Member Services at 1-866-683-6440.
- **UHC members:** Visit [www.myuhc.com](https://www.myuhc.com), use the UHC mobile app or call UHC Member Services (dedicated Customer Care) at 1-800-577-8539.

## Need a helping hand? Count on the Employee Assistance Program (EAP)

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

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

Be sure to check out [Member.MagellanHealthcare.com](https://Member.MagellanHealthcare.com), your EAP member website, for helpful tools, calculators, assessments, access to monthly newsletters and webinars, and health and wellness information. (The first time you visit, you will need to create a user/sign-in profile.)

[Member.MagellanHealthcare.com](https://Member.MagellanHealthcare.com) also offers a mobile app resources page. You will find a range of wellness-focused mobile apps to help you cope with everyday issues, including anxiety, stress, diabetes, autism, sleep, depression and more.

If you have questions and would like to speak with an EAP representative, call 1-800-327-7348 or visit [Member.MagellanHealthcare.com](https://Member.MagellanHealthcare.com).

# Manage your dental benefits with the MetLife US app

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

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

**Step 1:** If you haven't already, register at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) from any computer. Simply enter "US-Nokia" in the "Employer or Association" field and then follow the on-screen prompts. **Important:** You cannot register from your phone. (Already registered? Start with step 2 and download the app directly!)

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

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

## Find out how you can save on your dental costs

As a reminder, the MetLife Enhanced and Standard Dental Options have a difference in benefit levels based on whether you use an in-network provider (general dentist or specialist) in MetLife's Preferred Dentist Program Plus (PDP Plus) network versus an out-of-network provider. **To receive the in-network level of benefits, you are required to use an in-network PDP Plus provider.**

You can choose to go to any dentist, but staying in-network is the best way to lower your costs<sup>2</sup> and make the most of your dental plan. That is because participating dentists have agreed to accept negotiated fees for covered services that are usually 35 percent to 50 percent less than average charges in the same community.<sup>3</sup> This can mean more savings for you!

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

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

You can view your potential savings for in-network PDP Plus costs versus out-of-network costs by using MetLife's Dental Cost Estimator<sup>4</sup> located on [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits). (Enter "US-Nokia" in the "Employer or Association" field and then follow the on-screen prompts to register or log on using your MetLife MyBenefits credentials.)

<sup>2</sup> Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

<sup>3</sup> Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any deductibles, copayments, cost-sharing and benefits maximums. Negotiated fees are subject to change.

<sup>4</sup> 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. MetLife Online Services capabilities may vary by product and may not be available to all customers. Please contact your MetLife representative for more information.

# Save on taxes with the commuter benefits program

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

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

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

## Available now: HealthEquity's streamlined notification process for uncashed commuter account checks

### Notification for valid uncashed checks

If applicable, you will receive a system-generated notification from HealthEquity regarding any uncashed check(s) you are holding at 45 days and 120 days from the date of issue. The notification(s) will ask that you cash the check(s) as soon as possible before the expiration date (180 days from the date of issue).

### Notification for expired uncashed checks

After 180 days, any uncashed check(s) will be voided, and you will receive a system-generated notification from HealthEquity telling you that:

- The final date to cash the check(s) has passed and the check(s) should not be presented for payment.
- HealthEquity will return the funds from any uncashed check(s) to your HealthEquity account less applicable fees.







## Questions?

- **For an overview of the program**, visit [www.benefitanswersplus.com/active\\_m/index.html](http://www.benefitanswersplus.com/active_m/index.html). Select “Other Benefits” from the primary tiles and then the “Commuter Benefits” tile.
- **For detailed information about the program or to enroll**, visit HealthEquity at <https://healthequity.com/wageworks> or call Member Services at 1-877-924-3967 (available 24/7).



# There's an app for that!

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

Name of app	What you can do with it	Where to find it
Alight Mobile 	<ul style="list-style-type: none"> <li>Review, enroll in or make changes to your Nokia benefits on the YBR website.</li> <li>See your HFSA and/or DFSA balance(s), upload documentation, submit claims and more.</li> </ul>	Search for “Alight Mobile” on the App Store and Google Play store.
Surest 	Find in-network medical providers; check copayments for tests, procedures or treatments before making an appointment; see different treatment options; access your ID card; and connect with Surest Member Services.	Search for “Surest” on the App Store and Google Play Store.
UnitedHealthcare (UHC) 	Find in-network medical providers, estimate costs, view and manage claims, access your ID card and connect with customer service representatives.	Search for “UnitedHealthcare” on the App Store and Google Play Store.
CVS Caremark 	Refill mail order service prescriptions, get drug and pricing information, find a network pharmacy, track order status, view prescription history and access your prescription plan ID card.	Search for “CVS Caremark” on the App Store and Google Play Store.
MetLife 	Find in-network dentists, check the status of a claim and view an ID card.	Search for “MetLife US app” on the App Store and Google Play Store.
HealthEquity EZ Receipts 	Manage your commuter benefits account, including checking your balance and viewing and submitting claims.	Search for “EZ Receipts” on the App Store and Google Play Store.

# Take a fresh look at your savings plan

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

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

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

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



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

- **For general information and to access important savings plan documents**, visit the BenefitAnswers Plus website at [www.benefitanswersplus.com/active\\_m/index.html](http://www.benefitanswersplus.com/active_m/index.html). Select “Retirement Savings & Pension” in the primary tiles.
- **For personalized information and to manage your savings plan account**, log on to the YBR website at [digital.alight.com/nokia](http://digital.alight.com/nokia). Select “Savings/401(k) & Pension” in the primary tiles. Then, follow the prompts to enroll, access online account statements, see your transaction history, make changes to your contribution rate, investments and/or beneficiaries, perform other account transactions, find fund information, use retirement planning and modeling tools and more. You can also call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).

## Keep your life insurance and/or savings plan beneficiaries up to date

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

To designate or change your beneficiary designations and contact information for:

- **Life insurance** — complete MetLife’s online beneficiary designation process. You can either:
  - Visit the YBR website at [digital.alight.com/nokia](http://digital.alight.com/nokia). Select the profile icon  at the top right of the page and then select “Beneficiaries” to be taken to the MetLife MyBenefits website. No additional User ID or password needed! **OR**
  - Go to the MetLife MyBenefits website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) directly, but you must register and create a User ID and password to access your information. You will need to enter your User ID and password to log on each time you visit the website.
- **Savings plan** — log on to the YBR website at [digital.alight.com/nokia](http://digital.alight.com/nokia) to access your savings plan account. Select the profile icon  at the top right of the page and then select “Beneficiaries.” Or, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).

## Coming your way: IRS Form 1095-C

As required by the Affordable Care Act (ACA; healthcare reform), employers must provide IRS Form 1095-C to certain (but not all) plan participants each year. The form serves as proof that you met the ACA's requirement for having qualifying healthcare coverage during the year. If this applies to you, you should expect to receive your 2024 Form 1095-C no later than March 3, 2025.

Form 1095-C indicates the months of the year that you (and your dependents, if applicable) were offered or were enrolled in medical coverage during 2024. You may need Form 1095-C or the information it includes to file your federal tax return for 2024. Nokia cannot offer tax advice, so you might consider consulting a tax advisor for further guidance on Form 1095-C. (**Please note:** Form 1095-C will not replace any state forms you may receive that provide proof of medical insurance.)

**Please note:** For the 2024 tax year, California (CA), the District of Columbia (DC), New Jersey (NJ) and Rhode Island (RI) require copies of the federal 1095 tax forms (used to report healthcare coverage) for employees who are residents during the tax year. Nokia has partnered with Alight to ensure compliance with these healthcare tax filing requirements, and 1095 data will be provided to CA, DC, NJ and RI as required.

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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