

2017 ENROLLMENT ACTION GUIDE



FOR PARTICIPANTS IN THE ACTIVE REPRESENTED PLAN DESIGN*

*Includes active employees; employees on a leave of absence (LOA) or Short Term Disability (STD); and COBRA participants.

2017 ANNUAL OPEN ENROLLMENT PERIOD

Online-Only Enrollment Period: October 10, 2016 – October 16, 2016

You can make your elections on the Your Benefits Resources™ (YBR) website at <http://resources.hewitt.com/nokia> beginning Monday, October 10, 2016 at 9:00 a.m., Eastern Time (ET), through Sunday, October 16, 2016. **During this time, you may view your 2017 coverage and costs, as well as enroll in or make changes to your 2017 coverage — online only — using the YBR website.**

Updated Benefits and Enrollment Resources!

- The YBR website has a new address: <http://resources.hewitt.com/nokia>.
- The Benefits Center has a new name: **the Nokia Benefits Resource Center.**

You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2017 coverage, or to ask questions about your 2017 plan options and pricing, until Monday, October 17, 2016 at 9:00 a.m., ET.

Online and Phone Enrollment Period: October 17, 2016 – October 28, 2016

You may enroll in and/or change your 2017 Nokia health and welfare benefits coverage elections online on the YBR website or by calling the Nokia Benefits Resource Center starting on Monday, October 17, 2016 at 9:00 a.m., ET, through Friday, October 28, 2016 at 5:00 p.m., ET.

You must take action before Friday, October 28, 2016 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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See what is new with your benefits this year.

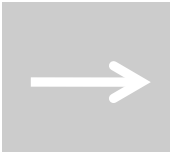
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WHAT'S CHANGING FOR 2017

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

The following changes to benefits coverage under the Nokia health and welfare benefit plans (the "Plans") will take effect on January 1, 2017.

Contribution Changes

Review the YBR website at <http://resources.hewitt.com/nokia> during the annual open enrollment period for your 2017 contribution costs.

Higher Point-of-Service (POS) Copayments for Emergency Room Services

Effective January 1, 2017, copayments for emergency room services will increase as follows:

Feature	Point of Service (POS) Copayments*	
	2016	2017
Emergency Room — Emergency Use	In-Network and Out-of-Network: You pay \$70 copayment/visit (waived if admitted)	In-Network and Out-of-Network: You pay \$75 copayment/visit (waived if admitted)
Emergency Room — Nonemergency Use	In-Network and Out-of-Network: Plan pays 75% after you pay \$70 copayment/visit	In-Network and Out-of-Network: Plan pays 75% after you pay \$75 copayment/visit

*Where coverage is expressed as a percentage, it is a percentage of the provider's contracted rate (for in-network services) or of the reasonable and customary (R&C) fee (for out-of-network services).

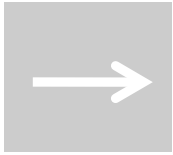
Applied Behavior Analysis Therapy for Eligible Dependents Age 11 and Under

Effective January 1, 2017, the plan expressly covers Applied Behavior Analysis (ABA) therapy for eligible dependents age 11 and under with a primary diagnosis of autism spectrum disorder. Coverage is at the in-network, outpatient, mental health rate and is subject to pre-certification requirements. For eligible dependents age 12 and older, support is available to help you navigate community, state, federal and educational resources.

For more information, contact UnitedHealthcare®'s Optum Advocate at 1-800-577-8539 (POS) or 1-800-577-8567 (Traditional Indemnity) after January 1, 2017. Except as provided above, effective January 1, 2017, ABA therapy is expressly excluded from coverage under the plan.

Other Changes May Apply to HMO Coverage

Unless noted, the changes in this guide do not apply to Health Maintenance Organization (HMO) options. You will need to check the YBR website during the annual open enrollment period or contact the carriers of those options directly for their 2017 coverage changes. You can find carrier contact information on the back of your HMO ID card and in the Benefits At-a-Glance and Resource Contact Information booklet.



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Virtual Visits

When you do not feel well or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Effective January 1, 2017, your UnitedHealthcare medical plan option will offer a new alternative: virtual visits. A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10 – 15 minutes. Use virtual visits when your doctor is not available, you become ill while traveling or you are considering visiting a hospital emergency room for a non-emergency condition. Visit www.myuhc.com to learn about virtual visits.

Expanded Prescription Drug Coverage Management Programs

Nokia is committed to keeping the cost of your prescription drugs down while providing you with the coverage you need. With this goal in mind, Express Scripts uses a set of coverage management programs to determine how the Prescription Drug Program will cover certain prescription drugs.

Updates to the coverage management program were made as of July 1, 2016. Express Scripts will notify you if this program applies to you.

New Child Life and Child Accidental Loss Insurance Coverage Options

Effective January 1, 2017, you will have new \$20,000-per-child options for both of these coverages. You will not need to provide evidence of insurability (EOI) for any level of child life and/or child accidental loss insurance coverage you elect.

- **Tip:** When enrolling, you will not be prompted to select the child(ren) for whom you are electing coverage. It is your responsibility to elect and maintain coverage only when you have at least one eligible child. Furthermore, it is your responsibility to cancel coverage when you no longer have any eligible child(ren). You can view dependent eligibility rules on the YBR website.

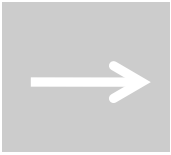
After-Tax Deductions for Accidental Loss Insurance Coverage for Yourself, Your Spouse and Your Children

Effective January 1, 2017, you will pay for any supplementary accidental loss, spouse accidental loss or child accidental loss insurance coverage you elect through **after-tax** payroll deductions. (You currently pay for this coverage with before-tax deductions.)

As a result of this change, you do not need to experience a qualified status change or wait until the next annual open enrollment period to change your coverage. Starting January 1, 2017, you may add, drop, increase or decrease any of these coverages anytime during the year.

Supplemental Life Insurance Coverage

Effective January 1, 2017, Estate Resolution Services will be an added feature. This service covers attorney fees for probating the estate of the insured when using a participating plan attorney. The service also provides advice and in-person and telephone consultations for beneficiaries. More information regarding this program will be provided at a later date.



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FLEXIBLE SPENDING ACCOUNTS (FSAs)

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

General Information

To be eligible to enroll in an HFSA or a DFSA, you must be a regular full-time or regular part-time employee.

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 2017.

Use it or lose it. You will forfeit any 2016 HFSA and/or DFSA balances if not used by the deadline(s) to incur expenses (March 15, 2017 for HFSA expenses; December 31, 2016 for DFSA expenses) and claims are not submitted (postmarked or faxed to Your Spending Account™ [YSA], or uploaded to the YSA website or the YSA Reimburse Me app) by April 15, 2017.

You must keep all your receipts for eligible expenses. You may be asked to submit them for reimbursement. If you cannot provide proof of a claim with a receipt, YSA will deactivate your HFSA debit card and you will need either to submit payment to cover those expenses or submit substitute receipts for any other eligible out-of-pocket expenses. Your HFSA debit card will be reactivated once you have submitted the necessary payment or valid receipts.

If you are enrolled in the HFSA in 2016 and re-enroll for 2017:

- Hold on to your YSA debit card. You can continue to use your current YSA card in 2017 for 2017 Plan Year expenses. You will receive a new card shortly before your current card expires.
- Watch for a “welcome back” email from YSA in January.

If you newly enroll in an FSA for 2017, you will receive a “welcome” letter in the mail from YSA in December. The YSA 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.

- In addition, soon after you receive your welcome letter, you will receive a YSA debit card that you can use to pay eligible healthcare expenses beginning January 1, 2017. You cannot use your YSA card for DFSA expenses.
- Need additional HFSA debit cards? Once you have activated your YSA card, you can request additional cards for eligible dependents (spouse, children) through the YSA website or by calling the Nokia Benefits Resource Center.

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

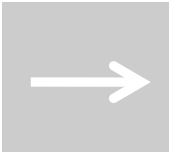
Use the “Estimate how much to contribute” tool on the YBR website during annual open enrollment to estimate your potential healthcare and/or dependent care expenses.

Check Out FSASTore.com: Your One-Stop Shop for HFSA-Eligible Products

FSASTore.com eliminates the guesswork about eligibility when you use your HFSA to pay for healthcare items other than prescription drugs. How? By selling only FSA-eligible items — more than 4,000 in all — such as first-aid supplies, sunscreen, contact lenses and solutions, over-the-counter medications and more. Shipping is free for orders over \$50 and discounts are available.

You can use your YSA debit card to pay for any eligible purchase, and you will not need to submit receipts to YSA.

You can link to FSASTore.com from the YSA website on YBR, or directly at FSASTore.com.



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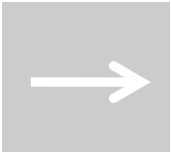
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Keep Track of These Important FSA Dates

Key Dates	What You Need to Know/What You Need to Do
NOVEMBER 30, 2016	<ul style="list-style-type: none"> 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.
DECEMBER 31, 2016	<ul style="list-style-type: none"> Last day to incur dependent care expenses that can be reimbursed from your 2016 DFSA.
JANUARY 1, 2017	<ul style="list-style-type: none"> The new Plan Year begins. If you have a balance in your 2016 HFSA: Use it — do not lose it. Remember, you can use your balance to pay for eligible healthcare expenses you incur during the 2016 HFSA “grace period” (January 1, 2017 through March 15, 2017). <ul style="list-style-type: none"> If you re-enrolled in an HFSA for 2017: For eligible expenses incurred in 2017, you can use your YSA HFSA debit card or submit claims to YSA via the YSA website, the YSA Reimburse Me app, fax or mail. If you submit claims to YSA, YSA will automatically draw from your 2016 balance before using your 2017 account to pay for eligible expenses you incur during the grace period. However, if you use your YSA debit card, note that: <ul style="list-style-type: none"> Expenses incurred during the grace period that are auto-substantiated will automatically be applied to your balance for the prior Plan Year (if available). Expenses incurred during the grace period that are not auto-substantiated will be applied to your balance for the current Plan Year. However, if YSA receives appropriate documentation before the April 15, 2017 claims submission deadline, the claim will be applied to your prior Plan Year balance (if available). If you did not re-enroll in an HFSA for 2017: You must submit your claims for eligible expenses to YSA; your YSA debit card will no longer work. If you do not have a balance in your 2016 HFSA or if you are newly enrolled in an HFSA for 2017: Start using your YSA HFSA to be reimbursed for eligible healthcare expenses. You can use your YSA HFSA debit card or submit claims to YSA via the YSA website, the YSA Reimburse Me app, fax or mail. Start using your 2017 YSA DFSA to be reimbursed for eligible dependent care expenses. You can submit claims to YSA via the YSA website, the Reimburse Me app (you will need to provide the day care provider’s eSignature), fax or mail.
MARCH 15, 2017	<ul style="list-style-type: none"> 2016 HFSA grace period ends. This is the last day to incur eligible healthcare expenses that can be reimbursed from your 2016 HFSA.
APRIL 15, 2017	<ul style="list-style-type: none"> 2016 FSA claims submission deadline. You must submit all your 2016 HFSA and/or DFSA claims to YSA by this date. Claims and/or documentation submitted after this date will not be reimbursed.

For More Information

If you have questions about your FSA(s), contact YSA 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.



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CHECK YOUR DEFAULT COVERAGE

What Is Default Coverage?

Your default coverage is the Nokia health and welfare benefits coverage you and your covered dependent(s) will be automatically enrolled in for 2017 if you do not take any action during the annual open enrollment period. **Because your default coverage for 2017 may in some cases be different than your 2016 coverage, it is your responsibility to confirm that your 2017 default coverage shown on the YBR website during the annual open enrollment period is the coverage that you want for 2017.**

You can find your default coverage on the YBR website at <http://resources.hewitt.com/nokia> from Monday, October 10, 2016 at 9:00 a.m., ET, through Friday, October 28, 2016 at 5:00 p.m., ET, when the annual open enrollment period ends.

If you would like to have a record of your default coverage sent to you, please follow the instructions outlined in “How to Request Copies of Annual Open Enrollment Information by Telephone” on page 11.

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 <http://resources.hewitt.com/nokia>. Keep in mind that this year, you can make your elections on the YBR website beginning on October 10, 2016. (You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2017 coverage, or with questions about your 2017 plan options and pricing, until Monday, October 17, 2016 at 9:00 a.m., ET.)

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:

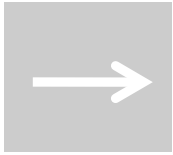
- Choose coverage other than your default coverage;
- Add[†] or remove dependent(s) from coverage;
- Enroll in a Point of Service (POS) medical option, if a POS option is not shown as an available option on the YBR website and you are eligible to enroll in a POS option; and/or
- Make any other changes to your 2017 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.

[†]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.

Remember

You must take action before Friday, October 28, 2016 at 5:00 p.m., ET. Late enrollments will not be accepted.



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Using YBR

Before you begin, make sure you have your password ready (the same one you use when calling the Nokia Benefits Resource Center), along with any information — including Social Security Number(s) — for any new eligible dependent(s) you may be adding to your coverage.

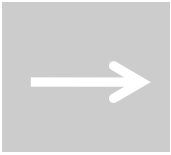
Then, when you are ready to begin, keep in mind these helpful hints:

- **Set aside enough time** to complete the enrollment process without interruption. After 15 minutes of inactivity on the YBR website, you will be automatically 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 “How to Request Copies of Annual Open Enrollment Information by Telephone” on page 11.
- **Review your dependent(s) on file for each of your benefit plans** — and make any updates or corrections.
- **Click “Complete Enrollment”** 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 28, 2016 at 5:00 p.m. ET) even if you have already completed your enrollment.
- **You may save or print your elections** if you like. 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.

Need a YBR Refresher?

Watch the “Get to Know Your Benefits Resources (YBR)” video on the BenefitAnswers Plus website at www.benefitanswersplus.com.

In just a few minutes, you will get a recap of the site’s key features, have the opportunity to walk through the enrollment process and more.



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IMPORTANT REMINDERS

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

- **Watch for new medical and prescription drug member ID cards.** You will receive new member ID cards from your medical (UnitedHealthcare) and prescription drug (Express Scripts) carriers by January 1, 2017. If you have not received your new card(s) by January 1, you may print them out from the applicable carrier’s website(s): www.myuhc.com and/or www.expressscripts.com.

- **Note:** Aetna does not issue dental member ID cards; members do not need to present an ID card to receive services under the dental plan. However, if you would like to have a member ID card, you can print one out from www.aetna.com.

To See Your Contribution Costs for 2017...

Review the YBR website at <http://resources.hewitt.com/nokia> during the annual open enrollment period.

- **Is a POS option not listed as a coverage option on the YBR website?** You may live in an area with limited access to doctors and hospitals in a POS network. If a POS option is not shown as an available option on the YBR website at <http://resources.hewitt.com/nokia>, you can still enroll in a POS option if you are comfortable with the distance between you and POS network doctors and hospitals. If you are currently enrolled in a POS option for 2016 under these circumstances, your POS coverage **will not** automatically carry over to 2017. You must take action to re-enroll.

If you are eligible to enroll in a POS option for 2017 and it is not listed as a coverage option on the YBR website, call the Nokia Benefits Resource Center at 1-888-232-4111 during the annual open enrollment period to enroll.

- **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, 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® that will engage you in a new way by using technology, gaming and social media to help you understand, learn about and support you 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 from your computer, tablet or smartphone anytime.
- **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 immediate family 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. To speak with a counselor, call Magellan at 1-800-327-7348 or visit www.magellanhealth.com/member.
- **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 BenefitAnswers Plus website at www.benefitanswersplus.com for more information about qualified status changes.



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- **Are you dropping a dependent from coverage? Here is what you should know about COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended).** COBRA is not offered to dependents removed from coverage during the annual open enrollment period. If your dependent is experiencing a qualified status change and you remove him or her from your coverage during the annual open enrollment period, your dependent will not be eligible for COBRA continuation coverage. For a dependent to be eligible for COBRA, you must remove the dependent experiencing a qualified status change through the “Life Events” section on the YBR website (or by calling the Nokia Benefits Resource Center) within 31 days of the qualified status change.
- **Thinking of opting out of coverage?**
 - You have the option to opt out of your Nokia coverage.
 - If you are a full-time, active employee or a full-time employee on a leave of absence and you are not a Communication Service Installer (CSI), when you opt out of Nokia medical (which includes prescription drug) coverage, you are also opting out of Nokia dental coverage, and vice versa. Otherwise, your medical (which includes prescription drug) coverage and dental coverage are not “bundled.” Opting out of one coverage will not affect your enrollment in the other.
 - You may be eligible to opt back in to Nokia medical (which includes prescription drug) coverage and Nokia dental coverage without the requirement of a physical during a future annual open enrollment period or if you have a qualified status change.
 - You may be required to complete additional forms, depending on the city and/or state where you live.
 - **Important:** Before you drop coverage for any plan, please refer to the applicable plan’s SPD to understand the consequences and determine whether you will be eligible to re-enroll in that plan.
- **Enrollment for certain voluntary benefits coverage (vision, legal and health advisory services) takes place at the same time as the annual open enrollment period for your Nokia health and welfare benefits.** This is different than the situation for your other voluntary benefits — identity theft protection services, auto and home insurance and pet insurance (a new benefit for 2017) — in which you may add or drop coverage anytime during the year. As a reminder, Nokia does not make any endorsement of or representation regarding any product or service provided under this program. Note also that the enrollment information in this guide does not apply to your voluntary benefits. For information about voluntary benefits or to enroll, visit www.addedbenefitsaccess.com or call Added Benefits at 1-800-622-6045.
- **Attention COBRA participants: Less expensive health coverage options may be available to you.** In accordance with the Affordable Care Act (ACA; healthcare reform), if you **are not** eligible for Medicare, you have the option to buy health insurance from an alternate source: the health insurance marketplace in your area.
 - **You may wish to compare your Nokia health coverage with the coverage available through the marketplace.** For the most current information about marketplace coverage, please visit HealthCare.gov. The Nokia Benefits Resource Center cannot answer any questions about marketplace coverage.
 - **Note:** If you enroll in health coverage through the marketplace instead of through Nokia, you may not be able to enroll in Nokia coverage in the future. Please refer to the plan’s SPD for information on when you can make changes to your coverage.
- **See the value of your health coverage.** The 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 2016 Form W-2 no later than January 31, 2017.



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- **You may receive the ACA-required Form 1095-C to keep for your tax records.** 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. If this applies to you, you should expect to receive your 2016 Form 1095-C no later than January 31, 2017.
- **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) you are eligible for will be available on the YBR website at <http://resources.hewitt.com/nokia> beginning on October 10, 2016.
- **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 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. Please be sure to keep it current.

Help Us Go Green(er)!

As part of our commitment to the environment, we will continue to provide more of your benefits information online instead of in print. So if you have not yet signed up to receive communications from the Nokia Benefits Resource Center electronically, please take a few moments to do so now.

You do not need to wait until annual open enrollment to choose this option. Just log on to the YBR website anytime. Select "Your Profile" and click "Personal Information." Follow the steps to provide your preferred email address and update your preferred method of delivery.



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How to Request Copies of Annual Open Enrollment Information by Telephone

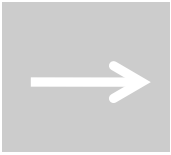
The easiest and most convenient way to access the information you need to enroll continues to be through the YBR website at <http://resources.hewitt.com/nokia> during the annual open enrollment period. However, if you do not have Internet access, or if you have Internet access but prefer to have a copy of the enrollment information sent to you, you must make your request through the Nokia Benefits Resource Center's automated system **only**.

Like YBR, the automated telephone system is easy and convenient to use. **Starting October 10, 2016**, just follow these 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:
 - To request a copy of your annual open enrollment kit, say "request enrollment kit," or
 - To request a copy of your default coverage record, say "send enrollment confirmation." Your default coverage record is a record of the coverage that is currently on file with the Nokia Benefits Resource Center and that will be in place for you on January 1, 2017 if you **do not** make any changes during annual open enrollment.

The copy(ies) that you have requested 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 of your default coverage record will be sent to your Secured Participant Mailbox on YBR within one business day. Annual open enrollment kits are always sent via US Postal Service mail.



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FOR PARTICIPANTS IN THE ACTIVE REPRESENTED PLAN DESIGN

RESOURCES FOR NOW AND LATER

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

Your Benefits Resources (YBR) Website http://resources.hewitt.com/nokia (personalized and password-protected)	BenefitAnswers Plus Website www.benefitanswersplus.com (non-personalized — no password required)
<ul style="list-style-type: none"> ▪ View your current coverage ▪ Review and compare your 2017 healthcare options and contribution costs — and enroll online! (October 10, 2016 – October 28, 2016) ▪ Opt out of your 2017 coverage ▪ Find a doctor or healthcare provider ▪ Learn more about your Nokia benefits ▪ Review, add or change your dependent's(s') information on file ▪ Understand how a Life Event may change your benefits 	<ul style="list-style-type: none"> ▪ See benefits news and updates, including coverage tips and reminders ▪ Get your enrollment materials ▪ Find answers to your benefit 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 in December for important coverage reminders and tips on using your benefits in 2017. You will find information about your medical plan ID cards, what to do when you experience a qualified status change during the year and more!

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 benefit 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 Alcatel-Lucent USA Inc. (doing business as Nokia) (the "Company") (or its delegate[s]) reserves the right to modify, suspend, change or terminate any of the benefit plans at any time, subject to the terms of applicable bargaining agreements. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the Company. The Company cannot be bound by statements about the plans made by unauthorized personnel. This information is not a contract of employment, either expressed or implied, and does not create contractual rights of any kind between the Company and its employees or former employees.

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