



Get more from your 2022 Nokia benefits

Important information about using your benefits in 2021

For formerly represented participants on COBRA continuation coverage

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New! Submit out-of-network claims and track prior authorization requests on myuhc.com[®]

If you are enrolled in a UnitedHealthcare medical plan option, you can now complete the following actions through [myuhc.com](https://www.myuhc.com):

- **Submit claims for reimbursement of out-of-network medical services.** To get started, log on to www.myuhc.com, select “Claims and Accounts” and follow the prompts to provide the necessary information and upload any required documentation.
- **Track requests for prior authorization of outpatient medical services.** View the details and status of your in-process requests, determination results (approved, denied, partially denied or canceled) and appropriate next steps. There is also an FAQ section to help answer common questions. To get started, log on to www.myuhc.com, select “Claims and Accounts” and follow the prompts.

The importance of preventive care

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

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

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

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

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

What you need to know about your member ID cards

Here is what you need to know about your medical, prescription drug and/or dental member ID cards:

Medical and prescription drug

- If you have changed your UnitedHealthcare medical plan option or have enrolled in UnitedHealthcare medical coverage for the first time for 2022, you will receive a new medical plan member ID card from UnitedHealthcare by January 1, 2022. (If you have newly enrolled in UnitedHealthcare medical coverage for 2022, you will also receive a new prescription drug member ID card from CVS Caremark by January 1, 2022.)
- If you have not changed your UnitedHealthcare medical plan option for 2022, continue to use your current medical plan member ID card in 2022. You will not receive a new medical plan member ID card. However, an updated medical plan member ID card that shows your medical deductibles and out-of-pocket maximums (as applicable) will be available for download on the UnitedHealthcare website starting January 1, 2022. You may also call UnitedHealthcare at the toll-free phone number on your current card and request a new member ID card from Customer Service.
- CVS Caremark will not provide current members with new prescription drug member ID cards for 2022. Please continue to use your current CVS Caremark member ID card in 2022.
- If you have not received your new card(s) (as applicable) by January 1, 2022, or if you need new cards for yourself or additional cards for your dependents, you may print them from the applicable carrier's website:
 - Medical (UnitedHealthcare): www.myuhc.com
 - Prescription drug (CVS Caremark): Caremark.com
- For HMO coverage, contact the HMO for any questions about member ID cards. You can find contact information on the back of your HMO ID card (if you are currently enrolled) and in *Benefits at-a-glance and resource contact information 2022* on the BenefitAnswers Plus website.

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

Dental

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

Get more from your UnitedHealthcare medical plan option: Choose Premium Care Physicians

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

How the UnitedHealth Premium Program works

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

How to find a Premium Care Physician

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

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

To learn more, visit the BenefitAnswers Plus website at www.benefitanswersplus.com. Select the "Carriers & Other Resources" tab, then "Other Resources & Information" and then the "Find the Right Doctors: Use the UnitedHealth Premium® Program" link.

When caller ID says "UnitedHealthcare," please answer the phone

This is one call you do not want to miss.

If you are enrolled in a UnitedHealthcare medical plan option, you may receive a call from a UnitedHealthcare nurse. Why? Because you or a covered family member has been identified as someone who could benefit from a telephone conversation with a nurse. **This is not a sales call; no one will try to sell you anything.**

For instance, a UnitedHealthcare nurse may call to share information about an available program or service (such as a clinical management program or wellness coaching) that could help you improve your health. Or a nurse may call to check in and offer support if you or a covered family member has a chronic medical condition, was recently hospitalized or is pregnant.

This telephone outreach service is an extension of your Nokia medical plan benefits and is designed to provide additional support to members. All UnitedHealthcare nurses who call will identify themselves, confirm they are speaking with the correct Nokia medical plan member, explain the reason for their call and give you the opportunity to call them back at your convenience. **You will not be asked to provide any personal health information.**

The bottom line: When UnitedHealthcare calls, please answer the phone. You have nothing to lose, and so much to gain!

Important: Your privacy is protected. UnitedHealthcare is dedicated to safeguarding your privacy. UnitedHealthcare does not share your name or any other identifying information. Your conversations will remain confidential. Any health information collected as part of the assessment will be kept confidential in accordance with the Notice of Privacy Practices; be used only for health and wellness recommendations or for payment, treatment or healthcare operations; and be shared with your health plan, but not with your employer.

[Learn more about UnitedHealthcare's outreach service here.](#)

Attention UnitedHealthcare members: Take advantage of these tools and resources anytime

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

Voice identification (ID)

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

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

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

Right care. Right place. Right savings.

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

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

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

Virtual visits

As part of your UnitedHealthcare medical benefits, you and your covered family members have a convenient alternative for nonemergency and behavioral healthcare: virtual visits.

A virtual visit lets you see and talk to a doctor or licensed behavioral health virtual therapist from your smartphone, tablet or computer.

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

Nonemergency care

Virtual visits via Teladoc[®], Doctor On Demand and Amwell are available 24/7 for help with common health conditions like allergies, flu, pink eye, rashes, sore throats, and stomachaches.

If you are enrolled in the Point of Service (POS) medical plan option, your cost for a virtual visit is the same as for an in-network office visit with your own doctor: you pay a \$35 copayment. If you are enrolled in the Traditional Indemnity option, a virtual visit is covered like any physician office visit: the plan pays 80 percent after the deductible.

Most visits take about 10 – 15 minutes. Doctors can write a prescription¹, if needed, that you can pick up at your local pharmacy.

To register for and request a virtual visit, log on to **myuhc.com**. In the center of your home page, you will see “My providers and facilities.” Scroll to the right and select “Virtual Visits: Connect with a Doctor Online.” You can also download the UnitedHealthcare mobile app.

Once registered, you can request a virtual visit.

- When you schedule an appointment, you can view the total number of appointments available, by provider, over the next seven days.
- Once you choose a provider, if the provider is currently available, an “Available Now” label will display. You can change from a scheduled visit to a “Meet Now” with the selected provider at that time, or you can continue to request an appointment time.
- When you select a scheduled visit with a specific provider, all providers with at least one appointment “slot” will display. The first available time slot you can choose will be 30 minutes from “now,” rounded up. Once you choose an appointment time with a provider, all other providers will “collapse” from the online view.
- You will be informed that the visit will start within a 15-minute window to allow the doctor to finish up with any previous patients.

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

Referrals for laboratory services through Teladoc

During a virtual visit with a Teladoc provider, he or she can order laboratory services as clinically appropriate, based on your medical issue and symptoms. You can choose to get the services at either a Quest Diagnostics™ or LabCorp lab.

Here is what to expect:

- If your Teladoc provider orders lab services, you will receive a message via the Teladoc message center after your virtual visit is complete. The message will contain a link to complete your lab order request. The link will be active for five days.
- You will be prompted to select a lab location, at which time the order will be submitted electronically to the lab.
- Go to the lab for the services; you will need to provide your insurance information.
- The results will be sent electronically from the lab to Teladoc and posted in your Teladoc medical record and member message center. Teladoc will notify you by email when the results are posted.
 - If the results are within a normal range, you will receive a message in the Teladoc message center.
 - If the lab results are outside of the normal range, a Teladoc clinician will contact you for next steps.

Prefer a virtual visit for nonemergency care by telephone?

Simply call 1-855-615-8335 to speak with a Teladoc, Doctor On Demand or Amwell doctor over the phone about your health concerns. Your cost is the same as for an online virtual visit.

¹ Doctors cannot prescribe medications in all states.

Behavioral healthcare

When you are feeling stressed or anxious, it may be hard to reach out for help, especially if you do not want anyone to know that you are hurting. Virtual therapy offers confidential, one-on-one video counseling for conditions such as anxiety, depression, ADD/ADHD, addiction and mental health disorders from the privacy of your home.

You can see the same therapist with each appointment and establish an ongoing relationship. Your therapist can provide diagnosis, treatment and medication if needed.

If you are enrolled in the POS medical plan option, your cost for a virtual visit is the same as any in-network, outpatient behavioral health visit: you pay a \$35 copayment per visit. If you are enrolled in the Traditional Indemnity option, a virtual visit is covered like any outpatient behavioral health visit: the plan pays 80 percent after the deductible.

You will pay your portion of the service via credit or debit card (including your HFSA debit card, if applicable) or via direct bill, according to the terms of your medical plan option and your payment arrangement with your provider.

To find a therapist and schedule a visit, log on to myuhc.com. Select “Find a Doctor,” “Behavioral Health Directory,” “People,” “Provider Type,” and then “Telemental Health Providers.” Call the provider of your choice to set up an appointment. [Learn more.](#)

Rally[®]

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

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

Live nurse assistance²

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

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

To reach a nurse, call the number on the back of your UnitedHealthcare member ID card and select the prompt to connect with a nurse. You can also participate in an online live nurse chat. Just log on to www.myuhc.com from any device with an Internet connection.

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

²This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor’s care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

UnitedHealthcare® mobile app

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

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

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

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

myHealthcare Cost Estimator

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

The myHealthcare Cost Estimator can help you:

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

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

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

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

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

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

Be sure to check out [MagellanAscend.com](https://www.magellanascend.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.)

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

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

Manage your dental benefits with the Aetna HealthSM 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 Aetna Health app.

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






Step 1: Search for “Aetna Health” on the App Store or Google Play to download the app.

Step 2: Register directly on the Aetna Health app or at www.aetna.com from any computer. (Once you have registered, you can skip to Step 3 and simply log on to use the Aetna Health app.)

Step 3: Use your secure member website log-on information to access the app features.

There's an app for that!


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

Name of app	What you can do with it	Where to find it
UnitedHealthcare 	Find in-network medical providers, estimate costs, view and manage claims, access your ID card and connect with customer service representatives.	Search for "UnitedHealthcare" on the App Store and Google Play
UnitedHealthcare Rally 	Get personalized support and information to help you and your covered family members make healthier choices and build healthier habits.	Search for "Rally" on the App Store and Google Play
CVS Caremark 	Refill mail service prescriptions, get drug and pricing information, find a network pharmacy, track order status, view prescription history, and access your prescription plan member ID card.	Search for "CVS Caremark" on the App Store and Google Play
Aetna Health 	Find in-network dentists, check the status of a claim and view an ID card.	Search for "Aetna Health" on the App Store and Google Play
Smart-Choice Mobile 	See your HFSA and/or DFSA balance(s), upload documentation, submit claims and more.	Search for "Smart-Choice Mobile app" on the App Store and Google Play

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 and submit the form(s) available on the BenefitAnswers Plus website at http://www.benefitanswersplus.com/active_r/index.html. Select “Forms” in the primary tiles and then select “Life Insurance Beneficiary Forms.” Or, call MetLife at 1-888-201-4612.
- **Savings plan** — Log on to the Your Benefits Resources™ (YBR) website at <https://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: Tax form 1095

As required by the Affordable Care Act (ACA; healthcare reform), employers must provide IRS Form 1095-C to certain (but not all) plan participants each year. The form serves as proof that you met the ACA’s requirement for having qualifying healthcare coverage during the year. If this applies to you, you should expect to receive your 2021 Form 1095-C in late January/early February 2022.

Form 1095 indicates the months of the year that you (and your dependents, if applicable) were offered or were enrolled in medical coverage during 2021. You may need Form 1095 or the information it includes in order to file your federal tax return for 2021. Nokia cannot offer tax advice, so you might consider consulting a tax advisor for further guidance on Form 1095. (**Please note:** Form 1095 will not replace any state forms you may receive that provide proof of medical insurance.)

Please note: For the 2021 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.

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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