



Benefits at-a-glance and resource contact information 2024

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

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

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

- Visit the Your Benefits Resources™ (YBR) website at <https://digital.alight.com/nokia> or via the Alight Mobile app (to download, go to the App Store or Google Play and search for “Alight Mobile”); or
- 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.

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Overview

The tables that follow summarize some features of the 2024 Nokia medical and dental plan options applicable to eligible individuals covered under the US active employee plan design. Use them:

- **During the annual open enrollment period** — to compare plan options and coverage details before making your enrollment decisions.
- **All year** — whenever you need information about your plan option or to determine whether a particular service or supply is covered.

How do these tables work?

Check and confirm:

1. Which specific options apply to you

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

- Visit the YBR website at <https://digital.alight.com/nokia> or via the Alight Mobile app; or
- Call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).

2. What's covered

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

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

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

Need information about a Health Maintenance Organization (HMO)?

HMO coverage information is not shown in these tables. Medical and prescription drug coverage levels and costs vary by individual HMO option.

To review and print specific details for the coverage options available to you, visit the YBR website at <https://digital.alight.com/nokia> or call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) during the annual open enrollment period.

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

Medical

Please note: For the medical services shown in the table below and on the following pages, you will see a copayment (copay) assigned for the covered health service.

- If you use an in-network provider, you will pay lower copays and the provider will not charge you any additional fees.
- If you use an out-of-network provider, you will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable.

	Enhanced-Surest		Standard-Surest	
	In-network You will pay lower copays and the provider will not charge you any additional fees	Out-of-network You will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable	In-network You will pay lower copays and the provider will not charge you any additional fees	Out-of-network You will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable
Overall provisions				
Choice of doctors	Select from within a network of medical providers	Select any medical provider	Select from within a network of medical providers	Select any medical provider
Annual medical deductible	\$0	\$0	\$0	\$0
Coinsurance (Plan paid)	100%	100%	100%	100%
Medical annual out-of-pocket limit	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$18,000	Individual: \$4,000 Family: \$8,000	Individual: \$10,500 Family: \$31,500
Lifetime maximum benefit	Unlimited for essential benefits. Generally, the following are considered to be essential benefits under the Patient Protection and Affordable Care Act: Ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance-related and addictive disorders services (including behavioral health treatment); prescription drug products; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services (including oral and vision care). For all other benefits: Unlimited; some exclusions apply.			
Annual maximum benefit	Not applicable	Not applicable	Not applicable	Not applicable
Copays for covered services				
Acupuncture Limited to 30 visits/person/ plan year	You pay \$30 copay/visit	You pay \$90 copay/visit	You pay \$60 copay/visit	You pay \$180 copay/visit
Ambulance services (air and ground) — emergency	You pay \$160 copay/transport	You pay \$160 copay/transport	You pay \$350 copay/transport	You pay \$350 copay/transport
Ambulance services (air and ground) — non-emergency	You pay \$160 copay/transport	You pay \$160 copay/transport	You pay \$350 copay/transport	You pay \$350 copay/transport
Anesthesia	You pay \$0 copay	You pay \$0 copay	You pay \$0 copay	You pay \$0 copay

	Enhanced-Surest		Standard-Surest	
	In-network You will pay lower copays and the provider will not charge you any additional fees	Out-of-network You will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable	In-network You will pay lower copays and the provider will not charge you any additional fees	Out-of-network You will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable
Autism spectrum disorder services	Virtual: You pay \$10 copay/visit Outpatient (home/office): You pay \$10 copay/visit Outpatient (facility): You pay \$70 copay/visit Inpatient: You pay \$1,600 copay/stay	Virtual visit: Not covered Outpatient (home/office): You pay \$100 copay/visit Outpatient (facility): You pay \$210 copay/visit Inpatient: You pay \$4,800 copay/stay	Virtual: You pay \$25 copay/visit Outpatient (home/office): You pay \$25 copay/visit Outpatient (facility): You pay \$140 copay/visit Inpatient: You pay \$2,750 copay/stay	Virtual visit: Not covered Outpatient (home/office): You pay \$190 copay/visit Outpatient (facility): You pay \$420 copay/visit Inpatient: You pay \$8,250 copay/stay
Birth control (prescription birth control or medication only)	See "Coverage through the CVS Caremark prescription drug program" on page 10.			
Birthing center	You pay \$625 – \$1,375 copay/stay	You pay \$4,125 copay/stay	You pay \$1,300 – \$2,350 copay/stay	You pay \$7,050 copay/stay
Blood and blood derivatives	Outpatient: You pay \$75 – \$500 copay/visit Inpatient: You pay \$1,600 copay/visit	Outpatient: You pay \$1,500 copay/visit Inpatient: You pay \$4,800 copay/visit	Outpatient: You pay \$150 – \$950 copay/visit Inpatient: You pay \$2,750 copay/visit	Outpatient: You pay \$2,850 copay/visit Inpatient: You pay \$8,250 copay/visit
Cardiac rehabilitation (phase three maintenance not covered)	You pay \$30 copay/visit	You pay \$90 copay/visit	You pay \$60 copay/visit	You pay \$180 copay/visit
Chemotherapy	You pay \$10 – \$500 copay/visit	You pay up to \$1,500 copay/visit	You pay \$50 – \$600 copay/visit	You pay up to \$1,800 copay/visit
Chiropractic Limited to 30 visits/person/plan year	You pay \$10 copay/visit	You pay \$30 copay/visit	You pay \$20 copay/visit	You pay \$60 copay/visit
Colonoscopy — preventive and diagnostic	Preventive and diagnostic: You pay \$0 copay/visit	Preventive: You pay \$100 copay/visit Diagnostic: You pay \$3,000 copay/visit	Preventive and diagnostic: You pay \$0 copay/visit	Preventive: You pay \$190 copay/visit Diagnostic: You pay \$5,500 copay/visit
Dental services — accident only	Office: You pay \$10 – \$65 copay/visit Outpatient: You pay \$75 – \$500 copay/visit Inpatient: You pay \$1,600 copay/visit	Office: You pay \$195 copay/visit Outpatient: You pay \$2,850 copay/visit Inpatient: You pay \$4,800 copay/visit	Office: You pay \$25 – \$125 copay/visit Outpatient: You pay \$150 – \$950 copay/visit Inpatient: You pay \$2,750 copay/visit	Office: You pay \$375 copay/visit Outpatient: You pay \$1,500 copay/visit Inpatient: You pay \$8,250 copay/visit
Diabetes self-management items	You pay \$0 – \$500 copay for diabetic supplies	You pay \$20 – \$1,000 copay for diabetic supplies	You pay \$0 – \$1,000 copay for diabetic supplies	You pay \$20 – \$2,000 copay for diabetic supplies

	Enhanced-Surest		Standard-Surest	
	In-network	Out-of-network	In-network	Out-of-network
	You will pay lower copays and the provider will not charge you any additional fees	You will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable	You will pay lower copays and the provider will not charge you any additional fees	You will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable
Durable medical equipment	You pay \$0 – \$500 copay	You pay up to \$1,000 copay	You pay \$0 – \$1,000 copay	You pay up to \$2,000 copay
Emergency room — emergency use	You pay \$300 copay/visit (waived if admitted within 24 hours)	You pay \$300 copay/visit (waived if admitted within 24 hours)	You pay \$500 copay/visit (waived if admitted within 24 hours)	You pay \$500 copay/visit (waived if admitted within 24 hours)
Emergency room — nonemergency use	You pay \$300 copay/visit	You pay \$300 copay/visit	You pay \$500 copay/visit	You pay \$500 copay/visit
Fertility services	Plan pays up to a maximum benefit of \$15,000/covered member/lifetime; for a list of covered services and copays, see the Summary Plan Description at https://www.benefitanswersplus.com/active_m/spd.html	Not covered	Plan pays up to a maximum benefit of \$15,000/covered member/lifetime; for a list of covered services and copays, see the Summary Plan Description at https://www.benefitanswersplus.com/active_m/spd.html	Not covered
Habilitative and rehabilitation services (outpatient physical, occupational, speech) Each type of therapy is limited to 100 visits/person/plan year; not combined with other therapies; in- and out-of-network combined	You pay \$5 – \$60 copay/visit	You pay \$135 – \$180 copay/visit	You pay \$15 – \$115 copay/visit	You pay \$255 – \$345 copay/visit
Hearing aids	You pay \$0 copay; plan pays a maximum of \$5,000 every 36 months for in- and out-of-network providers combined			
Home healthcare 100-visit limit/person/plan year; in- and out-of-network combined	You pay \$30 copay/visit	You pay \$90 copay/visit	You pay \$60 copay/visit	You pay \$180 copay/visit
Hospice care	Home: You pay \$30 copay/visit Inpatient: You pay \$1,600 copay/stay	Home: You pay \$90 copay/visit Inpatient: You pay \$4,800 copay/stay	Home: You pay \$60 copay/visit Inpatient: You pay \$2,750 copay/stay	Home: You pay \$180 copay/visit Inpatient: You pay \$8,250 copay/stay
Inpatient hospitalization	You pay \$150 – \$2,500 copay/stay	You pay \$3,000 – \$5,000 copay/stay	You pay \$400 – \$3,500 copay/stay	You pay \$5,500 – \$9,500 copay/stay

	Enhanced-Surest		Standard-Surest	
	In-network You will pay lower copays and the provider will not charge you any additional fees	Out-of-network You will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable	In-network You will pay lower copays and the provider will not charge you any additional fees	Out-of-network You will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable
Maternity (office visits [pre/postnatal], in-hospital delivery services)	Office visits (pre/postnatal): You pay \$0 copay/visit In-hospital delivery services: You pay \$625 – \$1,375 copay/stay	Office visits (pre/postnatal): You pay \$100 copay/visit In-hospital delivery services: You pay \$4,125 copay/stay	Office visits (pre/postnatal): You pay \$0 copay/visit In-hospital delivery services: You pay \$1,300 – \$2,350 copay/stay	Office visits (pre/postnatal): You pay \$190 copay/visit In-hospital delivery services: You pay \$7,050 copay/stay
Medical infusions	You pay \$15 – \$2,450 copay/visit	You pay up to \$5,000	You pay \$40 – \$3,500 copay/visit	You pay up to \$9,000
Mental health and chemical dependency	Virtual: You pay \$10 copay/visit Outpatient (home/office): You pay \$10 copay/visit Outpatient (facility): You pay \$70 copay/visit Inpatient: You pay \$1,600 copay/stay	Virtual visit: Not covered Outpatient (home/office): You pay \$20 copay/visit Outpatient (facility): You pay \$210 copay/visit Inpatient: You pay \$4,800 copay/stay	Virtual visit: You pay \$25 copay/visit Outpatient (home/office): You pay \$25 copay/visit Outpatient (facility): You pay \$140 copay/visit Inpatient: You pay \$2,750 copay/stay	Virtual visit: Not covered Outpatient (home/office): You pay \$50 copay/visit Outpatient (facility): You pay \$420 copay/visit Inpatient: You pay \$8,250 copay/stay
Outpatient lab/X-ray/ultrasound/complex imaging	Routine diagnostic test: You pay \$0 copay Non-routine diagnostic test: You pay \$20 – \$600 copay/visit Complex imaging: You pay \$75 – \$500 copay/visit	Routine diagnostic test: You pay \$0 copay Non-routine diagnostic test: You pay \$360 – \$1,800 copay/visit Complex imaging: You pay \$1,500 copay/visit	Routine diagnostic test: You pay \$0 copay Non-routine diagnostic test: You pay \$40 – \$1,150 copay/visit Complex imaging: You pay \$180 – \$950 copay/visit	Routine diagnostic test: You pay \$0 copay Non-routine diagnostic test: You pay \$750 – \$3,450 copay/visit Complex imaging: You pay \$2,850 copay/visit
Physician hospital visits and consultations	You pay \$0 copay	You pay \$0 copay	You pay \$0 copay	You pay \$0 copay
Physician visits (primary care physician [PCP] office visits, specialist office visits, urgent care center visits and virtual visits) (non-preventive)	PCP and specialist: You pay \$10 – \$65 copay/visit Urgent care center: You pay \$65 copay/visit Virtual visit (urgent and acute care and primary care): You pay \$0 copay/visit	PCP, specialist and urgent care center: You pay \$195 copay/visit Virtual visit: Not covered	PCP and specialist: You pay \$25 – \$125 copay/visit Urgent care center: You pay \$100 copay/visit Virtual visit (urgent and acute care and primary care): You pay \$0 copay/visit	PCP and specialist: You pay \$375 copay/visit Urgent care center: You pay \$300 copay/visit Virtual visit: Not covered
Podiatrist	Office: You pay \$10 – \$65 copay/visit	Office: You pay \$195 copay/visit	Office: You pay \$25 – \$125 copay/visit	Office: You pay \$375 copay/visit
Private duty nursing	You pay \$30 copay/visit	You pay \$90 copay/visit	You pay \$60 copay/visit	You pay \$180 copay/visit

	Enhanced-Surest		Standard-Surest	
	In-network You will pay lower copays and the provider will not charge you any additional fees	Out-of-network You will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable	In-network You will pay lower copays and the provider will not charge you any additional fees	Out-of-network You will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable
Prosthetic devices	You pay \$0 – \$500 copay	You pay up to \$1,000 copay	You pay \$0 – \$1,000 copay	You pay up to \$2,000 copay
Radiation therapy	You pay \$30 – \$1,500 copay	You pay \$630 – \$4,500 copay	You pay \$60 – \$2,550 copay	You pay \$750 – \$7,650 copay
Second surgical opinion	You pay \$0 through 2nd.MD	Not covered	You pay \$0 through 2nd.MD	Not covered
Skilled nursing facility 100-day limit/person/plan year; in- and out-of-network combined	You pay \$1,600 copay/stay	You pay \$4,800 copay/stay	You pay \$2,750 copay/stay	You pay \$8,250 copay/stay
Smoking deterrents (prescription only)	See “Coverage through the CVS Caremark prescription drug program” on page 10.			
Surgery — in-office or outpatient	You pay \$25 – \$2,500 copay/visit	You pay \$120 – \$5,000 copay/visit	You pay \$50 – \$3,500 copay/visit	You pay \$270 – \$9,500 copay/visit
Surgery — inpatient	You pay \$25 – \$2,500 copay/visit	You pay \$120 – \$5,000 copay/visit	You pay \$50 – \$3,500 copay/visit	You pay \$270 – \$9,500 copay/visit
Wigs Limited to one wig per plan year	You pay \$0 – \$500 copay	You pay \$20 – \$1,000 copay	You pay \$0 – \$1,000 copay	You pay \$20 – \$2,000 copay
Preventive care				
Routine physical exams	You pay \$0 copay/visit	You pay \$0 – \$100 copay/visit	You pay \$0 copay/visit	You pay \$0 – \$190 copay/visit
Well-child care (including immunizations)	You pay \$0 copay/visit	You pay \$0 – \$100 copay/visit	You pay \$0 copay/visit	You pay \$0 – \$190 copay/visit
Well-woman care (ob-gyn exam)	You pay \$0 copay/visit	You pay \$0 – \$100 copay/visit	You pay \$0 copay/visit	You pay \$0 – \$190 copay/visit
Mammogram screening	You pay \$0 copay/visit	You pay \$0 – \$100 copay/visit	You pay \$0 copay/visit	You pay \$0 – \$190 copay/visit
Pap smear (in doctor’s office)	You pay \$0 copay/visit	You pay \$100 copay/visit	You pay \$0 copay/visit	You pay \$0 – \$190 copay/visit
Digital rectal exam and blood test for PSA (in doctor’s office — prostate cancer screening for men age 50 and older)	You pay \$0 copay/visit	You pay \$0 – \$100 copay/visit	You pay \$0 copay/visit	You pay \$0 – \$190 copay/visit
Newborn in-hospital care	You pay \$0 copay/visit	You pay \$0 – \$100 copay/visit	You pay \$0 copay/visit	You pay \$0 – \$190 copay/visit

	Enhanced-Surest		Standard-Surest	
	In-network	Out-of-network	In-network	Out-of-network
	You will pay lower copays and the provider will not charge you any additional fees	You will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable	You will pay lower copays and the provider will not charge you any additional fees	You will have higher copays and be responsible for all amounts that exceed the usual and customary amount, where applicable
Other important information about your medical coverage				
Are you responsible for charges in excess of the allowable amount?	Not applicable	Not applicable	Not applicable	Not applicable
Who is responsible for prior authorization?	Your provider	You	Your provider	You
What is the penalty for failure to obtain prior authorization?	Your provider will be responsible for 100% of the billed amount	You will be responsible for 100% of the billed amount	Your provider will be responsible for 100% of the billed amount	You will be responsible for 100% of the billed amount
Do you have to file claim forms?	No	Yes	No	Yes
Are Centers of Excellence available?	Transplant Resource Services	Not covered	Transplant Resource Services	Not covered

When you need a helping hand, count on the Employee Assistance Program (EAP)

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

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

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

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

	Enhanced-Surest		Standard-Surest	
	In-network	Out-of-network	In-network	Out-of-network
Coverage through the CVS Caremark prescription drug program^{3,4}				
Prescription drug annual out-of-pocket limit	Individual: \$3,500 Family: \$7,000	Not applicable	Individual: \$4,000 Family: \$8,000	Not applicable
Retail⁵ (up to a 30-day supply using an in-network pharmacy)	Generic: \$20 copay Preferred brand: \$70 copay Nonpreferred brand: \$100 copay	Plan pays 60% coinsurance after you pay separate deductible Individual: \$150 Two-person: \$300 Family: \$450	You pay \$20 copay for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket minimum of \$20 and maximum of \$120/prescription	Plan pays 50% coinsurance after you pay separate deductible: Individual: \$200 Two-person: \$400 Family: \$600
Mail order (up to a 90-day supply)	Generic: \$50 copay Preferred brand: \$175 copay Nonpreferred brand: \$250 copay	Not applicable	You pay \$50 copay for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket minimum of \$50 and maximum of \$300/prescription	Not applicable
Member pays the difference	You will pay the generic copay, plus the difference in cost between the brand-name and generic drug, if you purchase a brand-name drug when a generic equivalent is available.			
Other important information about your medical and prescription drug coverage				
\$0 out-of-pocket cost for certain preventive medications	Certain preventive medications, including some over-the-counter (OTC) medications, are covered 100% without imposing a copay, coinsurance or deductible as long as they are presented with a prescription from a licensed healthcare provider. The list of eligible medications is subject to change as Affordable Care Act guidelines are updated or modified.			

³ The deductibles and out-of-pocket maximums for the prescription drug program are separate from the out-of-pocket maximums for Enhanced-Surest and Standard-Surest coverage. "Member pays the difference" program charges do not count toward prescription drug annual out-of-pocket maximums.

⁴ Where prescription drug coverage is expressed as a percentage, it is a percentage of the plan's cost for the drug.

⁵ Prescription drug copays will double after the third time you receive a 30-day supply of a maintenance medication at a retail pharmacy; for cost savings, fill up to a 90-day supply through mail order or pick up at a CVS retail pharmacy. **Note the following state exceptions:** **MINNESOTA:** Members filling their prescriptions in MN can obtain 90-day supplies of maintenance medications from an expanded list of pharmacies; visit [Caremark.com](https://www.caremark.com) to find an in-network participating pharmacy. **OKLAHOMA:** Members residing in or filling their prescriptions in OK can obtain 90-day supplies of maintenance medications at any in-network retail pharmacy that fills 90-day supplies (not just CVS retail pharmacies) or mail-order pharmacy.

Note: Your CVS Caremark prescription drug coverage includes the PrudentRx Copay Program, a cost-saving program for certain specialty medications. For information about PrudentRx, see the *Summary of Material Modifications (and Plan Amendment) for the Nokia Medical Expense Plan for Active Employees — September 2023* at https://www.benefitanswersplus.com/active_m/smm.html and the *Summary Plan Description for the Nokia Medical Expense Plan for Active Employees — Effective January 2024* at https://www.benefitanswersplus.com/active_m/spd.html.

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

Dental

Note:

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

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

	MetLife Enhanced Dental		MetLife Standard Dental	
	In-network	Out-of-network	In-network	Out-of-network
Network	<p>You can use any dental provider you choose. However, your out-of-pocket costs will be less if you use MetLife Preferred Dentist Program (PDP) Plus network providers because:</p> <ul style="list-style-type: none"> • PDP Plus network providers offer lower negotiated fees, and • Both dental options offer more generous coverage for PDP Plus network providers. <p>If you use an out-of-network provider, your out-of-pocket costs will be based on reasonable and customary (R&C) charges, and your coverage will be lower.</p>			
Annual deductible (applies to basic and major services only; in- and out-of-network combined) ⁶	\$0	\$50 per individual; maximum of \$100 per family	\$50 per individual; maximum of \$100 per family	\$100 per individual; maximum of \$200 per family
Annual maximum benefit (per individual; in- and out-of-network combined) ⁷	\$2,250	\$1,750	\$1,500	\$1,000
Diagnostic/preventive care				
Oral exam (up to two preventive exams and up to two problem-focused exams per year)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
Cleaning and scaling of teeth (two per year)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
Space maintainers for dependent children (up to, but not including, age 19)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
Fluoride treatment	Plan pays 100% (limited to four times per calendar year); no age limit	Plan pays 90%; not subject to deductible (limited to four times per calendar year); no age limit	Plan pays 100% for children up to, but not including, age 19; limited to twice per calendar year; not subject to deductible	Plan pays 90% for children up to, but not including, age 19; limited to twice per calendar year; not subject to deductible

⁶ The in-network and out-of-network deductibles are shared. This means that, when you receive a covered dental service that is subject to the deductible from an in-network or out-of-network provider, the amount you pay toward the deductible will count toward **both** the in-network and out-of-network deductible.

⁷ The in-network and out-of-network annual maximums are shared. This means that the amount the plan pays for a covered in-network or out-of-network dental service will count toward **both** the maximum in-network and out-of-network benefit the plan will pay for all covered dental services for the plan year.

	MetLife Enhanced Dental		MetLife Standard Dental	
	In-network	Out-of-network	In-network	Out-of-network
Diagnostic/preventive care (continued)				
X-ray services — full-mouth and panoramic (panorex)	Plan pays 100% (limited to once every 60 months)	Plan pays 90%; not subject to deductible (limited to once every 60 months)	Plan pays 100%; not subject to deductible (limited to once every 60 months)	Plan pays 90%; not subject to deductible (limited to once every 60 months)
Bitewing X-ray (limited to once per year for adults; two times per year for children up to, but not including, age 19)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
Sealants for permanent molars	Plan pays 100% for children up to, but not including, age 19; limited to once in 60 months	Plan pays 90% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible	Plan pays 100% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible	Plan pays 90% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible
Restorative services				
Anesthesia	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Extractions — nonsurgical	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Extractions — surgical	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Fillings (composite resin and amalgam)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Inlays/onlays (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Crowns to restore tooth structure (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Periodontal scaling/planing	Plan pays 80% (limited to once per quadrant every 24 months)	Plan pays 70% after deductible (limited to once per quadrant every 24 months)	Plan pays 80% after deductible (limited to once per quadrant every 24 months)	Plan pays 70% after deductible (limited to once per quadrant every 24 months)
Periodontal surgery	Plan pays 80% (limited to once per unique area every 36 months)	Plan pays 70% after deductible (limited to once per unique area every 36 months)	Plan pays 50% after deductible (limited to once per unique area every 36 months)	Plan pays 40% after deductible (limited to once per unique area every 36 months)
Bridges (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Implants (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible


	MetLife Enhanced Dental		MetLife Standard Dental	
	In-network	Out-of-network	In-network	Out-of-network
Restorative services (continued)				
Root canals	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Dentures (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Removal of wisdom teeth — nonsurgical	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible; not subject to calendar-year maximum	Plan pays 70% after deductible; not subject to calendar-year maximum
Removal of wisdom teeth — surgical	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible; not subject to calendar-year maximum	Plan pays 40% after deductible; not subject to calendar-year maximum
Oral surgery (except for surgical extractions and surgical removal of wisdom teeth)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible; not subject to calendar-year maximum	Plan pays 70% after deductible; not subject to calendar-year maximum
Orthodontia	Plan pays 50% up to lifetime maximum of \$2,000/individual (in- and out-of-network combined)		Plan pays 50% up to lifetime maximum of \$1,500/individual (in- and out-of-network combined)	
Bruxism (appliance replacement)	Plan pays 80% (limited to once every 24 months)	Plan pays 70% after deductible (limited to once every 24 months)	Not covered	

Remember:

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

Resource contact information

For information about your benefits coverage, contact these resources.

Where	What you will find
Nokia resources	
<p>https://digital.alight.com/nokia</p> <p>24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., ET</p> <p>You may also access the YBR website via the Alight Mobile app. To download the app on your mobile device:</p> <ul style="list-style-type: none"> • Scan the code at right, • Go to the App Store or Google Play and search for “Alight Mobile” or • Visit alight.com/app.  <p>Once you have downloaded the app, open it, search for “Nokia,” and tap the name. Enter your YBR User ID and tap “Sign in” to log on.</p>	<p>The Your Benefits Resources (YBR) website</p> <ul style="list-style-type: none"> • View your current coverage • Review and compare your 2024 healthcare options and contribution costs • Enroll in coverage for 2024 • Make changes to your default coverage for 2024 • Opt out of your 2024 coverage • Find a doctor or healthcare provider • Learn more about your Nokia benefits • Review dependent eligibility rules • Review, add or change your dependent’s(s’) information on file • Understand how a Life Event may change your benefits
<p>1-888-232-4111 (TTY 711)</p> <p>(1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada)</p> <p>9:00 a.m. to 5:00 p.m., ET, Monday through Friday</p>	<p>Nokia Benefits Resource Center</p> <ul style="list-style-type: none"> • If you do not have Internet access: <ul style="list-style-type: none"> – Enroll in coverage for 2024 – Make changes to your default coverage for 2024 – Opt out of your 2024 coverage – Review dependent eligibility rules – Review, add or change your dependent’s(s’) information on file • Resolve a unique benefits issue that you have not been able to solve on your own • Notify Nokia if you or your eligible dependent(s) will become Medicare-eligible due to a disability
<p>www.benefitanswersplus.com</p>	<p>The Nokia BenefitAnswers Plus website</p> <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 during the year

Where	What you will find
Surest	
<p>Benefits.Surest.com (members)</p> <p>Join.Surest.com/Nokia (pre-members); use access code “Nokia2024”</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p>	<p>General information about your coverage and dedicated Member Services</p> <ul style="list-style-type: none"> • Understand how your Surest medical coverage works • Find network physicians, specialists and facilities in your community • Compare doctors, treatment costs and hospitals in your area for medical procedures you may be considering • Manage your healthcare choices and costs through the Surest mobile app or at Benefits.Surest.com • Access claims information • Speak with an experienced Member Services representative who understands your plan and can answer questions quickly
<p>Virtual care</p> <p>Doctor On Demand; K Health</p> <p>Benefits.Surest.com (members)</p> <p>Join.Surest.com/Nokia (pre-members); use access code “Nokia2024”</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p>	<p>24/7 access to virtual primary care, urgent care and mental healthcare</p> <ul style="list-style-type: none"> • Doctor On Demand: Get fast, anytime, anywhere access to expert doctors and therapists for primary care, urgent care and mental healthcare, often with same-day appointments • K Health: Get unlimited access to virtual primary care and urgent care doctors on your phone: Adult and pediatric sick visits, annual wellness visits and care for chronic conditions
<p>My Cancer Journey</p> <p>Benefits.Surest.com (members)</p> <p>Join.Surest.com/Nokia (pre-members); use access code “Nokia2024”</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p>	<p>Cancer navigation support program</p> <p>Get support from a cancer navigator who helps members and their families:</p> <ul style="list-style-type: none"> • Understand survival estimates and the likely outcomes of different cancer treatment options • Define their goals and preferences, so they make more informed cancer treatment choices
<p>Pacify</p> <p>Benefits.Surest.com (members)</p> <p>Join.Surest.com/Nokia (pre-members); use access code “Nokia2024”</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p>	<p>24/7 access to prenatal, pediatric and lactation experts, in English and Spanish</p> <ul style="list-style-type: none"> • Unlimited access to pediatric experts any time of day or night — right from your smartphone • Consult with nutritional experts and lactation consultants • Receive support for a full range of pregnancy and new parent-related issues from prenatal nutrition to diaper rash
<p>Kaia Health</p> <p>Benefits.Surest.com (members)</p> <p>Join.Surest.com/Nokia (pre-members); use access code “Nokia2024”</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p>	<p>App-based pain management program</p> <p>Get back to moving freely through:</p> <ul style="list-style-type: none"> • Targeted movement therapy • Custom mind-body relaxation programs • Certified health coaching

Where	What you will find
<p>2nd.MD</p> <p>Benefits.Surest.com (members)</p> <p>Join.Surest.com/Nokia (pre-members); use access code “Nokia2024”</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p>	<p>Virtual medical second-opinion service</p> <ul style="list-style-type: none"> • Connect with leading, board-certified specialists from top medical institutions for virtual second opinions — right from your home
<p>Virta</p> <p>Benefits.Surest.com (members)</p> <p>Join.Surest.com/Nokia (pre-members); use access code “Nokia2024”</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p>	<p>Interactive coaching program to reverse type 2 diabetes</p> <ul style="list-style-type: none"> • Lower your blood sugar and A1C, lose weight and reduce your need for diabetes medications though ongoing: <ul style="list-style-type: none"> – Supervision from a physician-led team – Personal one-on-one health coaching from nutrition and behavior experts – Support from a private patient community
CVS Caremark prescription drug coverage (does not apply to HMO coverage)	
<p>Caremark.com</p> <p>1-800-240-9623</p> <p>24 hours a day, seven days a week</p>	<p>CVS Caremark</p> <ul style="list-style-type: none"> • Understand how your prescription drug coverage works • Prescription drug coverage and pricing information, including comparisons for brand-name and generic medications received through mail order and retail • Access claims information • Find an in-network pharmacy
<p>Caremark.com/mailservice</p> <p>1-800-240-9623</p>	<p>CVS Caremark Mail Service Pharmacy</p> <ul style="list-style-type: none"> • Order and refill maintenance medications from the CVS Caremark mail-order service for savings opportunities
<p>CVSSpecialty.com</p> <p>1-800-237-2767</p> <p>8:30 a.m. to 8:30 p.m., ET, Monday through Friday</p>	<p>CVS Specialty</p> <ul style="list-style-type: none"> • Refill prescriptions and check order status • Pick up prescriptions or have them shipped to you • Talk to a pharmacist and nurse specially trained in your condition • Access injection training, home infusion and other services
<p>https://www.prudentrx.com/prudentes (list of covered specialty medications; updated monthly)</p> <p>1-800-548-4403</p> <p>8:00 a.m. to 8:00 p.m., ET, Monday through Friday</p>	<p>PrudentRx Copay Program</p> <ul style="list-style-type: none"> • Talk with a PrudentRx Advocate for information about the program and to complete your enrollment • Order and refill prescriptions for covered specialty medications and specialty limited distribution drugs at no cost to you • Check order status • Pick up prescriptions or have them shipped to you
Magellan	
<p>Member.MagellanHealthcare.com</p> <p>1-800-327-7348</p>	<p>Magellan EAP</p> <ul style="list-style-type: none"> • Get free, confidential 24/7 assistance for medical and behavioral health issues

Where	What you will find
MetLife	
www.metlife.com/mybenefits 1-888-262-4876 (use the company/group name “US-Nokia” to sign in to the website; the group number is Nokia 85848)	MetLife Dental <ul style="list-style-type: none"> • Understand how your dental coverage works • Find network dentists • Access claims information
1-800-523-2894	MetLife — Group Universal Life (GUL) Insurance <ul style="list-style-type: none"> • Get answers to all questions related to the GUL products • Request portability • Get answers to questions about completing the online beneficiary designation process
1-888-201-4612	MetLife — all other life insurance <ul style="list-style-type: none"> • Understand how your life insurance coverage works • Request conversion • Get answers to questions about completing the online beneficiary designation process
1-800-984-8651	MetLife Long-Term Care Insurance (LTCI) <ul style="list-style-type: none"> • Understand how your LTCI coverage works Note: Plan closed to new entrants.
Alight Smart-Choice Accounts™ (Flexible Spending Accounts)	
Available through the YBR website at https://digital.alight.com/nokia 1-888-232-4111 (TTY 711); 9:00 a.m. to 5:00 p.m., ET, Monday through Friday	Health Care and/or Dependent Care Flexible Spending Accounts <ul style="list-style-type: none"> • Obtain your account balance • Learn about what qualifies as an eligible expense • Submit claims • Check the status of your claims
HMO (see carrier contact information on next page)	
Contact information is also available: <ul style="list-style-type: none"> • On the back of your ID card, if you are currently enrolled in an HMO; • By visiting the YBR website at https://digital.alight.com/nokia or via the Alight Mobile app; or • By calling the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711). 	Your HMO carrier <ul style="list-style-type: none"> • Understand how your HMO coverage works • Access claims information

HMOs

Kaiser of Northern California	Phone: 1-800-444-4000 Website: http://kp.org
Kaiser Permanente of Hawaii	Phone: 1-800-966-5995 Website: http://kp.org

Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)

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

Women’s Health and Cancer Rights Act of 1998 Notice

The Women’s Health and Cancer Rights Act of 1998 ensures that medical plans that cover mastectomies also cover certain related reconstructive surgery. A covered woman who has a mastectomy can elect the following procedures after consulting with her physician and be assured of plan coverage for these expenses:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment required as a result of physical complications for all stages of mastectomy, including lymphedema.

Coverage is subject to all of the terms of the plan, including applicable copays, deductibles and/or coinsurance provisions. For more information, contact your health plan’s Member Services.

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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