

2021 enrollment action guide



For Participants in the Management Retiree Plan Design*

*Including COBRA participants and survivors in the Family Security Program (FSP).

2021 annual open enrollment period

Important: This guide is intended for multiple audiences. Some information in this guide may not apply to you. Please refer to the Your Benefits Resources™ (YBR) website during your annual open enrollment period to review Nokia health and welfare benefits eligibility for you and your dependents.

Online-Only Enrollment Period:

Monday, September 21, 2020, at 9:00 a.m., Eastern Time (ET), through Sunday, September 27, 2020

View your coverage and costs, as well as make your elections on the Your Benefits Resources™ (YBR) website.

You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2021 coverage, or to ask questions about your 2021 plan options and pricing, until Monday, September 28, 2020, at 9:00 a.m., ET.

Online and Phone Enrollment Period:

Monday, September 28, 2020, at 9:00 a.m., ET, through Friday, October 9, 2020, at 5:00 p.m., ET

View your coverage and costs as well as make your elections on the YBR website.

You may also call the Nokia Benefits Resource Center to enroll in or make changes to your coverage. Representatives are available from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.

You must take action before Friday, October 9, 2020, 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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what's changing for 2021

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

The following changes to benefits coverage under the Nokia health and welfare benefit plans (the "Plans") will take effect on January 1, 2021.

Contribution Amounts

Review the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period for your 2021 contribution amounts.

For Medicare-Eligible Participants Enrolled in the UnitedHealthcare® Group Medicare Advantage (PPO) Plan

New Prescription Drug Administrator: UnitedHealthcare®

Effective January 1, 2021, your medical and prescription drug coverage will be provided by UnitedHealthcare, through the UnitedHealthcare® Group Medicare Advantage (PPO) plan with prescription drug coverage. Prescription drug coverage through Express Scripts will no longer be available after December 31, 2020.

As a result of this change, you will have a single team — UnitedHealthcare — committed to understanding your medical and prescription drug needs and helping you get the care you need.

With UnitedHealthcare as your prescription drug administrator, you:

- Have access to thousands of brand-name and generic prescription drugs;
- Can choose from more than 67,000 national chain, regional and independent local retail pharmacies; and
- May save on the medications you take regularly. If you prefer the convenience of mail order, you can save time and money by receiving your maintenance medications through OptumRx® Home Delivery. You can sign up for automatic refill reminders and reach out to licensed pharmacists if you have questions.

For information about your UnitedHealthcare prescription drug coverage (including the current UnitedHealthcare formulary, how to find an in-network pharmacy and how to set up mail order for maintenance medications), see the *UnitedHealthcare Plan Guide* that will be mailed to you in late September, contact UnitedHealthcare at 1-888-980-8117 or visit UHCRetiree.com/nokia.

Important Information About Default Coverage

Your default coverage is the Nokia health and welfare benefits coverage in which you and your covered dependent(s) will be enrolled automatically for 2021 if you **do not** take any action during the annual open enrollment period. **It is your responsibility to confirm that your 2021 default coverage shown on the YBR website is the coverage you want for 2021.**

Confirming your default coverage is quick and easy. See "Check Your Default Coverage" on page 8 to find out how to confirm your default coverage starting Monday, September 21, 2020.

Reminder

When enrolling dependents, please be sure to review the Nokia Dependent Eligibility Rules at https://benefitanswersplus.com/retired_m/ded.html.

The rules describe who is eligible to be covered under Nokia's medical, dental, and life and accidental loss insurance Plans. With respect to children, the rules include various criteria, including age. As also described in the rules, if you have a child who is covered under the plan(s), is disabled, and would otherwise lose coverage under the plans due to no longer satisfying the age limits for coverage, you have the ability to continue coverage beyond the stated age provided certain criteria are met. Among these is that you obtain medical certification of disability and that you start the certification process within 31 days of the date your child loses eligibility under the plan(s) due to age.

Changes to the Prescription Drug Program Deductible and Cost-Sharing Amounts¹

Due to adjustments made by the Centers for Medicare & Medicaid Services (CMS), the following changes to your prescription drug coverage will be effective January 1, 2021:

- The annual deductible and prescription drug cost limit will increase.
- Cost sharing outside of the “donut hole” will change.

The table below highlights the CMS adjustments for 2021.

	2020	2021
Deductible Amount	\$435	\$445
“Donut Hole”	After total payments (including copayments and deductible, plus the Plan’s cost for the drugs) reach \$4,020, you pay 25% of the cost of generic drugs and 25% of the cost plus a portion of the dispensing fee for brand-name drugs, up to \$6,350.	After total payments (including copayments and deductible, plus the Plan’s cost for the drugs) reach \$4,130 , you pay 25% of the cost of generic drugs and 25% of the cost plus a portion of the dispensing fee for brand-name drugs, up to \$6,550 .
Cost Sharing Outside of the “Donut Hole”	You pay the greater of 5% of the cost or a copayment of \$3.60 for generics/\$8.95 for brand-name drugs, per prescription, for the remainder of the year.	You pay the greater of 5% of the cost or a copayment of \$3.70 for generics/ \$9.20 for brand-name drugs, per prescription, for the remainder of the year.

While you are in the “donut hole,” either the Plan pays the rest of the costs for covered drugs or they are paid for by drug manufacturers’ discounts.

For more information about how the Plan works, see *Benefits At-a-Glance and Resource Contact Information 2021* on the BenefitAnswers Plus website.

¹ Applicable to residents of any of the 50 US states, US territories or the District of Columbia only.

For Medicare-Eligible Participants Enrolled in the Traditional Indemnity Option, and Participants Not Eligible for Medicare Enrolled in a Point of Service (POS) or Traditional Indemnity Option

New Prescription Drug Administrator: CVS Caremark

CVS Caremark will replace Express Scripts as the prescription drug administrator for participants enrolled in the Traditional Indemnity, Enhanced POS and Standard POS options, effective January 1, 2021. Prescription drug coverage through Express Scripts will no longer be available after December 31, 2020. UnitedHealthcare will continue to provide your medical coverage.

In most cases, you will not experience any disruption when your prescription drug coverage moves to CVS Caremark. However, there may be some changes, including:

- Changes to the formulary (list of preferred drugs),
- Changes to the drugs that will require prior authorization and/or be subject to other limitations, and

- Changes to the drugs that will be classified as preventive and covered 100 percent without imposing a copayment, coinsurance or deductible.

There will also be an enhancement in how you can fill your maintenance prescriptions: **In addition to mail order, you can fill and pick up prescriptions for maintenance medications (up to a 90-day supply) at retail CVS pharmacies (including those in Target stores) at mail order pricing.**

How to Fill Your Prescriptions

Retail Prescriptions for Acute Conditions (Up to a 30-Day Supply)

Starting January 1, 2021, you can continue to fill up to a 30-day supply of a drug for an acute condition at **ANY RETAIL PHARMACY**, although you will save money when you use an in-network pharmacy. In-network pharmacies include CVS, Giant, Kroger, Rite Aid, Target (which are CVS pharmacies), Walgreens, Walmart and many others.

To see if your pharmacy is in-network, or to find a nearby in-network pharmacy, call CVS Caremark at 1-800-240-9623 starting September 21, 2020. Once you receive your new CVS Caremark ID card in December, register on [Caremark.com](https://www.caremark.com) and click "Choose your pharmacy."

Be sure to provide your CVS Caremark ID card to your pharmacist when you fill your first prescription in 2021.

Current retail pharmacy not in the CVS Caremark network? To transfer your prescriptions to a CVS Caremark network retail pharmacy, go to the CVS Caremark network pharmacy of your choice and tell the pharmacist where your prescription is currently on file. The pharmacist will contact your current pharmacy and make the transfer for you.

Please note: As under your current Nokia prescription drug coverage, prescription drug copayments will **double** after the **third time** you receive a 30-day supply of a maintenance medication for a chronic condition at a retail pharmacy. For cost savings, fill up to a 90-day supply of a maintenance medication through mail order or pickup at a CVS retail pharmacy, as outlined below.

Maintenance Prescriptions for Chronic Conditions (Up to a 90-Day Supply)

For maintenance medications for chronic conditions, you can fill your prescription for up to a 90-day supply:

- Through CVS Caremark Mail Service Pharmacy. When you order online, CVS Caremark will send up to a 90-day supply of your maintenance medications to your home with free delivery.

OR

- At a CVS retail pharmacy.

Please note:

- There may be a day supply limitation on some prescriptions, such as controlled substances, subject to state and federal dispensing limitations.
- You will need to get a new prescription from your provider for any expired prescriptions, or for prescriptions that have no refills remaining.

What's in a Name?

Although CVS Caremark will be the new prescription drug administrator starting in 2021, **you are NOT required to use a CVS pharmacy to fill your retail prescriptions.**

You may use any retail pharmacy, although you will save money when you use a pharmacy in the CVS Caremark network. In-network pharmacies include CVS, Giant, Kroger, Rite Aid, Target (which are CVS pharmacies), Walgreens, Walmart and many others.

Currently Taking a Brand-Name Drug Without a Generic Equivalent?

If your current brand-name prescription is identified as "non-preferred" on the CVS Caremark formulary, you may be able to save money by switching to an available, lower-cost "preferred" brand alternative.

The Welcome Kit that will be mailed to you in December will provide information about how you can check for potential cost savings on your brand-name prescriptions.

How to Refill Current Maintenance Prescriptions for Chronic Conditions Through Mail Service

Express Scripts will be transferring all existing mail order maintenance prescription refills to CVS Caremark. However, your mail service refill request may be delayed because CVS Caremark must wait until the refill information is transferred. To help avoid a delay, choose **one** of these options:

- **Once you receive your new CVS Caremark ID card in December:** Ask your doctor to write a new prescription for up to a 90-day supply, plus any appropriate refills. Mail it to CVS Caremark with a mail service order form from Caremark.com.

OR

- **Starting January 1, 2021:** Submit your mail service refill request for a transferred maintenance prescription:
 - **Online:** Register at Caremark.com to order refills and check the status of your order at any time. Have your CVS Caremark member ID number ready;
 - **By phone:** Call CVS Caremark at 1-800-240-9623 for automated refill service. Have your CVS Caremark member ID number ready; or
 - **By mail:** Complete a CVS Caremark Mail Service order form for each prescription. Mail the form and appropriate copayment to CVS Caremark at the address shown on the form.

To obtain a CVS Caremark Mail Service order form online: Go to Caremark.com. Be sure to have your CVS Caremark member ID card ready. The first time you visit the site, you will need to register and create a username and password. After you register, click “start mail service” to access the form. You can also call CVS Caremark at 1-800-240-9623 to request that a form be mailed to you. On subsequent visits, simply sign in using your username and password.

How to Fill New Maintenance Prescriptions for Chronic Conditions Through Mail Service Starting January 1, 2021

For new long-term or maintenance medications, ask your doctor to write **two** prescriptions:

- The **first** for up to a 30-day supply, which you can fill at a participating retail network pharmacy for use until your mail service prescription arrives, and
- The **second** for up to a 90-day supply, plus any appropriate refills, to fill through the CVS Caremark Mail Service Pharmacy.

To fill your prescription:

- Complete a mail service order form (available at Caremark.com; after you register, click “Start your Rx mail delivery” to access the form) and send it to CVS Caremark Mail Service Pharmacy, along with your original prescription(s) and the appropriate copayment for each prescription. **Be sure to include your original prescription. Photocopies are not accepted.**

OR

- Call 1-800-240-9623; be sure to have your CVS Caremark member ID number ready.

Important: You must mail in a CVS Caremark Mail Service order form the first time you request a new prescription through mail service. The automated refill service is only available after your first prescription order is processed.

Bonus! Get 20% off CVS-brand Health Items

As a CVS Caremark prescription drug program member, you can get a 20% discount off the regular price of most CVS-brand health-related products at retail CVS pharmacies when you use your CVS ExtraCare® Health Card.

To obtain your CVS ExtraCare Health Card, starting December 3, 2020:

- Register on Caremark.com; then “unlock” your ExtraCare Health Benefit at Caremark.com/ExtraCareHealth, or
- Call 1-888-543-5938.

Note the CVS ExtraCare Health Card is separate from the CVS Caremark member ID card included in your Welcome Kit.

Special Situations

In early December, CVS Caremark will contact you (or your covered family member) by mail if one or more of the following apply:

- Your current prescription is not on the CVS Caremark formulary.
- Your current prescription requires prior authorization.
- Your mail-order prescription transfer is prohibited by law, such as if it is for a controlled substance or compound medication.

If any of these situations applies to you or a covered family member, you will need a new prescription from your doctor for your medication starting January 1, 2021. The personalized letter that you or your covered family member will receive in early December will provide details regarding the steps you should take to update your specific prescription(s). You may wish to share the letter with your doctor.

Specialty Medications

CVS Caremark manages specialty medications through CVS Specialty®. Specialty drugs are injectable and oral prescriptions used for treating complex, chronic conditions such as hepatitis, hemophilia, and cancer. These drugs are complex to use and expensive, and your therapy could require frequent adjustments to your doses and intensive clinical monitoring.

If you currently take specialty medication, your prescription will need to be transferred to CVS Caremark for 2021. A representative from CVS Specialty will call you in December 2020 at your telephone number on file to answer your questions, help you enroll in the CVS Specialty program and transfer your prescriptions and assist with any infusion services that may need to be set up. If you have any questions, you can also call CVS Specialty at 1-800-237-2767.

Prescription Drug Coverage Management Programs

Nokia is committed to providing you with cost-effective prescription drug coverage. With this goal in mind, CVS Caremark uses coverage management programs to administer how the Prescription Drug Program will cover certain prescription drugs.

Updates to the coverage management programs are made from time to time. CVS Caremark will notify you if any of these programs apply to you.

Preparing for the Transition to CVS Caremark

Here are some steps you can take to get ready for the transition of your prescription drug coverage to CVS Caremark on January 1, 2021:

- **Starting September 21, 2020**, you can call CVS Caremark at 1-800-240-9623 for information about the current CVS Caremark formulary (including a list of the medications that will be classified as preventive and covered at 100 percent), drug pricing and how to find an in-network pharmacy.
- **Once you receive your new CVS Caremark ID card in December**, you can register at [Caremark.com](https://www.caremark.com). Be sure to have your ID card ready. Once you create your username and password, log in anytime for the information noted above as well as information about managing your prescriptions, setting up mail service and checking order status, signing up for prescription alerts, saving on prescription costs and more.
- **Starting January 1, 2021**, you can also get a copy of the most current CVS Caremark formulary on [Caremark.com](https://www.caremark.com) by clicking on “covered drug list” or by calling CVS Caremark at 1-800-240-9623.

Watch for More Information About Your Prescription Drug Coverage in December

If you enroll in the Enhanced POS, Standard POS or Traditional Indemnity option for 2021, CVS Caremark will send you a prescription drug coverage Welcome Kit and member ID card in December.

In addition, be sure to check back with the BenefitAnswers Plus website at www.benefitanswersplus.com in December for tips on using — and getting the most from using — your CVS Caremark prescription drug coverage benefits in 2021.

Changes to In-Network Prescription Drug Levels

As part of the change to CVS Caremark, prescription drug coverage under the Enhanced POS, Standard POS and Traditional Indemnity options will be centered on three levels of prescription drugs (rather than the current four), effective January 1, 2021. The three levels and their associated coinsurance and copayments are summarized below.

Coinsurance/Copayments ²		
In-Network	Retail (up to a 30-day supply using an in-network pharmacy) ³	Mail Order (up to a 90-day supply)
Level One Generic drugs (no change)	\$10 copayment	\$20 copayment
Level Two Preferred brand drugs	50% coinsurance <ul style="list-style-type: none"> ▪ \$25 minimum ▪ \$225 maximum 	50% coinsurance <ul style="list-style-type: none"> ▪ \$50 minimum ▪ \$450 maximum
Level Three Nonpreferred brand drugs	50% coinsurance <ul style="list-style-type: none"> ▪ \$60 minimum ▪ \$300 maximum 	50% coinsurance <ul style="list-style-type: none"> ▪ \$120 minimum ▪ \$600 maximum

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

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

HMOs Will No Longer Be “Grandfathered”⁴

Effective January 1, 2021, the HMOs will become “non-grandfathered” within the meaning of the Affordable Care Act (ACA). As a result, the HMOs will reflect fully (to the extent they have not previously) all of the consumer protections that are required of non-grandfathered plans under the ACA. (Under the ACA, grandfathered plans are subject to many, but not all, of these consumer protections.) As a further result, however, the HMOs will no longer be subject to the restrictions imposed on grandfathered plans with respect to certain changes to their benefits and/or costs imposed on employees.

For information about the HMO options’ coverage changes and costs for 2021, contact the carriers of those options directly. Carrier contact information is on the back of your HMO ID card (if you are currently enrolled) and in *Benefits At-a-Glance and Resource Contact Information 2021* on the BenefitAnswers Plus website.

⁴ Affects only participants not eligible for Medicare.

Other Changes May Apply to HMO and Medicare HMO Coverage

Unless noted, the changes in this guide do not apply to Health Maintenance Organization (HMO) and Medicare HMO options. Check the YBR website during the annual open enrollment period or contact the carriers of those options directly for their 2021 coverage changes. Carrier contact information is on the back of your HMO/Medicare HMO ID card (if you are currently enrolled) and in *Benefits At-a-Glance and Resource Contact Information 2021* on the BenefitAnswers Plus website.

check your default coverage

Your default coverage is the Nokia health and welfare benefits coverage in which you and your covered dependent(s) will be enrolled automatically for 2021 if you do not take any action during the annual open enrollment period.

Because your default coverage for 2021 may, in some cases, be different from your 2020 coverage, **it is your responsibility** to confirm that your 2021 default coverage shown on the YBR website during the annual open enrollment period is the coverage you want for 2021.

Here is how to find your default coverage starting Monday, September 21, 2020.

- 1. Visit the YBR website at <https://digital.alight.com/nokia>.**
- 2. Alternatively, you may call the Nokia Benefits Resource Center at 1-888-232-4111 to request that a copy of your default coverage record be sent to you.**
 - 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!
 - Anytime during the “It’s annual enrollment time!” greeting, say, “Annual enrollment” and then say, “Send enrollment confirmation.”

The copy of your default coverage record 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 will be sent to your Secured Participant Mailbox on YBR within one business day.

thinking of opting out of medical and/or dental coverage?

During the Annual Open Enrollment Period

- You have the option to opt out of your coverage during the annual open enrollment period on the YBR website at <https://digital.alight.com/nokia>, regardless of your Medicare eligibility.
- When you opt out of medical (which includes prescription drug) coverage, you can still keep your dental coverage, and vice versa.
- You may be eligible to opt back in to medical (which includes prescription drug) coverage and/or dental coverage during a future annual open enrollment period or if you have a qualified status change.

Attention Family Security Program (FSP) Survivors

- You cannot add new dependents to your Nokia medical coverage at any time.
- If you drop or lose Nokia medical coverage for any reason at any time, you can **never** re-enroll.

Outside of the Annual Open Enrollment Period

- You can drop coverage at any time during the year.
- When you drop medical (which includes prescription drug) coverage, you can still keep your dental coverage, and vice versa.
- You may be eligible to opt back into medical (which includes prescription drug) and/or dental coverage during a future annual open enrollment period or if you have a qualified status change.
- To drop coverage outside of the annual open enrollment period, call the Nokia Benefits Resource Center.
 - **If you are Medicare-eligible:** Enrolling in a private insurer's Medicare Part C or Medicare Part D option **does not** automatically disenroll you from Nokia medical (which includes prescription drug) coverage. Your enrollment in Nokia coverage is regulated by the Centers for Medicare & Medicaid Services (CMS), so the Nokia Benefits Resource Center will notify you of the earliest possible effective date for disenrollment (based on CMS guidelines). Please note that if you disenroll from Nokia medical coverage, you will also be disenrolled from prescription drug coverage. For more information about Medicare, see "What You Need to Know About Medicare" on page 16.

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 <https://digital.alight.com/nokia>.

This year, you can make your elections on the YBR website beginning on September 21, 2020. (You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2021 coverage, or to ask questions about your 2021 plan options and pricing, until Monday, September 28, 2020, at 9:00 a.m., ET.)

Remember: You must take action before Friday, October 9, 2020, at 5:00 p.m., ET. Late enrollments will not be accepted.

Using YBR

Before you begin, make sure you have your User ID and password ready, along with any information — including Social Security Number(s) — for any new eligible dependent(s) you may be adding to your coverage.

Have You Forgotten Your YBR Website User ID and/or Password?

If so, go to the YBR website, select “Forgot User ID or Password?” and follow the prompts to get a new one(s).

A one-time access code will be provided to you by telephone or text message, as applicable (if you previously added your preferred telephone number — home or mobile — to the YBR website). You may also answer your security questions if you have previously completed them. If none of these are on file with YBR, you will need to request that a temporary password be sent to you by US mail. **It may take up to 10 days to receive your password through the mail.**

If you do not have Internet access, call the Nokia Benefits Resource Center at 1-888-232-4111 and follow the prompts for assistance.

Tip: If you have not already done so, log on to the YBR website today and provide your preferred telephone number — home or mobile. Just select “Your Profile,” then “Personal Information” and enter your phone number where indicated. We recommend that you add a mobile phone number to take advantage of additional security and text messaging capabilities. (If you have elected electronic delivery of benefits communications, those communications will still be sent to your email address on file.)

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 (see “Check Your Default Coverage” on page 8);
- Add⁵ 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 2021 health and welfare benefits coverage.

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.

⁵ 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.

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 automatically be 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 “Need to request a copy of your annual open enrollment kit by telephone?” on page 14.
- **Review your dependent(s) on file for each of your benefit plans** — and make any updates or corrections.
- **Click “Complete Enrollment”** either 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 9, 2020, at 5:00 p.m., ET) even if you have already completed your enrollment.
- **You may save or print your elections** if you like. To do so, 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.

important reminders

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

Medical Option-Specific Reminders

Concerning the UnitedHealthcare Group Medicare Advantage (PPO) with Prescription Drug Coverage

- **Re-enrolling in, being defaulted into, or enrolling in the UnitedHealthcare Group Medicare Advantage (PPO) with prescription drug coverage for the first time for 2021?**
 - The Centers for Medicare & Medicaid Services (CMS) requires that you provide a street address, and not a PO Box, in order to process your enrollment in this option.
 - After annual open enrollment ends, UnitedHealthcare will mail additional information, along with new member ID cards, to all UnitedHealthcare Group Medicare Advantage (PPO) with prescription drug coverage members for 2021. **You will use your new member ID card for both your medical and prescription drug coverage in 2021;** you will not receive a separate prescription drug member ID card. (If you are re-enrolling in or being defaulted into the plan, your UnitedHealthcare Group Medicare Advantage [PPO] group number will change.)

Contributions for Nokia health and welfare coverage are either deducted from monthly pension payments or directly billed.

Retirees who want to switch from direct billing to pension deductions should call the Nokia Benefits Resource Center.

Participants who are directly billed may go to the YBR website to elect the Direct Debit or Pay Now method of payment.

Concerning the POS and Traditional Indemnity Medical Plan Options

- **What you need to know about your medical and prescription drug member ID cards.**
 - If you are not changing your UnitedHealthcare medical plan option for 2021, continue to use your current medical member ID card in 2021. You will not receive a new medical member ID card from UnitedHealthcare. However, you will receive a new prescription drug member ID card from CVS Caremark by January 1, 2021, to use in 2021.
 - If you are changing your UnitedHealthcare medical plan option or are enrolling in UnitedHealthcare medical coverage for the first time for 2021, you will receive new member ID cards from UnitedHealthcare and CVS Caremark by January 1, 2021.
 - If you have not received your new cards by January 1, 2021, 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
- **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 <https://digital.alight.com/nokia> and you are not eligible for Medicare, 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 2020 under these circumstances, your POS coverage **will not** automatically carry over to 2021. You must take action to re-enroll.
 - **If you are eligible to enroll in a POS option for 2021 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. Please note: POS options are not available to survivors in the Family Security Program (FSP).**

- **Looking for an in-network UnitedHealthcare POS provider?** Use the information below when you are 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 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. You can access Rally at www.myuhc.com from your computer, tablet or smartphone anytime.

Concerning an HMO/Medicare HMO

- **Contact the HMO/Medicare HMO for any questions about member ID cards.** You can find contact information on the back of your HMO/Medicare HMO ID card (if you are currently enrolled) and in *Benefits At-a-Glance and Resource Contact Information 2021* on the BenefitAnswers Plus website.

Dental Option-Specific Reminders

- **Re-enrolling, or enrolling in a dental plan option for the first time?** Aetna does not issue dental 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.
- **IMPORTANT! If you are eligible for dental coverage but the DMO option is not listed as a coverage option on the YBR website during annual open enrollment, then you do not live in a DMO service area.** Beginning with the 2021 plan year, you cannot enroll or re-enroll in the DMO option if you do not live in a DMO service area — even if you are comfortable with the distance between you and the dentists who participate in the DMO network. If you are currently enrolled in the DMO option and it is not listed as a coverage option on the YBR website, you will automatically receive default dental coverage through the Dental Preferred Provider Organization (PPO) option for 2021, unless you actively decline coverage during annual open enrollment.

General Reminders

- **Need to request a copy of your annual open enrollment kit by telephone?** The easiest and most convenient way to access the information you need to enroll continues to be through the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period. However, if you do not have Internet access, or you prefer to have a copy of the annual open enrollment kit sent to you, you can **only** make your request through the Nokia Benefits Resource Center's automated system.

Like YBR, the automated telephone system is easy and convenient to use. **Starting September 21, 2020**, just follow 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, "Request enrollment kit."

Your annual open enrollment kit will be mailed to your address on file within seven to 10 business days. Note that annual open enrollment kits are always sent via US Postal Service mail, even if you have signed up to receive communications from the Nokia Benefits Resource Center electronically.

- **Are you dropping a dependent from coverage? Here is what you should know about COBRA.**
 - **COBRA continuation coverage is *not* offered to dependents removed from coverage during the annual open enrollment period.** If your dependent is experiencing a qualified status change (due to circumstances causing your dependent to no longer be eligible for coverage under the plan) and you remove that dependent from your coverage during the annual open enrollment period, your dependent will *not* be eligible for COBRA continuation coverage. Instead, if you have a dependent who experiences a qualified status change, report that change through the "Life Events" section on the YBR website (or call the Nokia Benefits Resource Center). Note: Typically, you must report all qualified status changes within 31 days of the change occurring. However, this deadline has previously been extended due to the COVID-19 pandemic. Log on to YBR or call the Nokia Benefits Resource Center for more information.
 - **COBRA continuation coverage *is* offered to dependents who lose coverage due to reaching the age limit.** Dependents aging out of group health plan eligibility will maintain coverage through the end of the month in which they turn age 20 (or age 24 if enrolled as a full-time student), at which point they will then become eligible for COBRA continuation coverage. If your dependent is aging out, you will receive communications about the loss of coverage and the applicable COBRA paperwork. (Your dependent will also receive the applicable COBRA paperwork.)
- **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 YBR website at <https://digital.alight.com/nokia> (select the "Life Events" tab) for more information about qualified status changes.

- **Interested in the Vision Discount Program or the other “voluntary benefits” offered by Added Benefits?** Keep the following in mind:
 - **Vision Discount Program:** As a Nokia retiree, the Vision Discount Program is automatically available to you at **no cost**, and enrollment is not required. You can enjoy discounts on a wide variety of eye care services, including comprehensive eye exams, eyeglasses, contact lenses and LASIK surgery at participating providers. You can print your Vision Discount Program ID card from www.addedbenefitsaccess.com.
 - **Identity theft protection services, auto and home insurance and pet insurance:** You may also be eligible for these additional voluntary benefits. You can enroll in or drop these coverages anytime during the year.

To learn more or to enroll, visit www.addedbenefitsaccess.com or call Added Benefits at 1-800-622-6045.

As a reminder, Nokia does not make any endorsement of or representation regarding any product or service provided under any voluntary benefits program. Note that the enrollment information in this guide does not apply to your voluntary benefits.

- **Do you receive a Form W-2?** The Affordable Care Act (ACA; healthcare reform) requires that employers disclose the value of the employer-provided benefit for health insurance coverage on each participant’s Form W-2.
- **You may receive the ACA-required Internal Revenue Service (IRS) Form 1095-C.** 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. Employers must provide forms for the 2020 tax year to participants, as applicable, no later than January 31, 2021.
- **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. That address also determines your eligibility for some benefit plan options. To confirm or update your permanent address on file, call the Nokia Benefits Resource Center.
- **The Nokia Health Plans’ Notice of Privacy Practices is available on the BenefitAnswers Plus website.** Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Nokia health plans are required to provide you with a notice about their privacy practices, their legal duties and your rights concerning your health information. You can find this notice among your annual open enrollment materials on the BenefitAnswers Plus website at www.benefitanswersplus.com.

what you need to know about Medicare

Your Nokia medical and prescription drug coverage may be impacted by Medicare. Take note of these details if you and/or your dependent(s) are Medicare-eligible.

Nokia Coverage Options When You Are Medicare-Eligible but Your Dependent Is Not (and Vice Versa)

In most cases, covered dependent(s) must be enrolled in the same Nokia medical option and with the same healthcare carrier you choose for yourself. However, there are exceptions:

If You Are Medicare-Eligible

If you enroll in the following medical option...	Then coverage for you and your Medicare-eligible dependent(s) will be...	And coverage for your dependent(s) not eligible for Medicare will be...
UnitedHealthcare Group Medicare Advantage (PPO) with prescription drug coverage	UnitedHealthcare Group Medicare Advantage (PPO) with prescription drug coverage	Enhanced Point of Service (POS) medical and CVS Caremark prescription drug coverage, if there is a UnitedHealthcare Enhanced POS in your area; otherwise, Traditional Indemnity medical and CVS Caremark prescription drug coverage
Medicare Health Maintenance Organization (HMO)	Medicare HMO, with Medicare HMO prescription drug coverage	HMO, with HMO prescription drug coverage

If You Are Not Eligible for Medicare

If you enroll in the following medical option...	Then coverage for you and your dependent(s) not eligible for Medicare will be...	And coverage for your Medicare-eligible dependent(s) will be...
Enhanced or Standard Point of Service (POS)	Enhanced or Standard POS medical and CVS Caremark prescription drug coverage	Traditional Indemnity, with Medicare primary, and CVS Caremark prescription drug coverage
Traditional Indemnity	Traditional Indemnity medical and CVS Caremark prescription drug coverage	
Health Maintenance Organization (HMO)	HMO, with HMO prescription drug coverage	Medicare HMO, with Medicare HMO prescription drug coverage

You Must Be Entitled to Medicare Part A and Enrolled in Medicare Part B

Under the Nokia plan provisions, Medicare-eligible participants must be entitled to Medicare Part A and enrolled in Medicare Part B to receive benefits coverage through the Plan. Medicare Part A offers hospitalization benefits. Medicare Part B offers medical benefits such as doctor and ambulance services.

You may become automatically enrolled in Medicare Part B if you receive Social Security benefits. When you are enrolled in Medicare Part B, you will pay a monthly premium cost for coverage and may also be required to pay a monthly contribution for the Nokia retiree healthcare coverage you choose. Check with Medicare for information about your personal situation.

Medicare Part C Medical Options — What You Should Know

- **Medicare Advantage Preferred Provider Organization (PPO) plans — like the UnitedHealthcare Group Medicare Advantage (PPO) — and Medicare HMOs are “Medicare Part C” options.** By enrolling in one of these medical options, you agree to receive standard Medicare Part A and Medicare Part B services through that medical option.
- **If you enroll (or continue coverage) in a Medicare HMO offered by the Plan, you will receive prescription drug coverage directly through that Medicare HMO.** Plan designs vary. You must go to hospitals, doctors, pharmacies and other providers in the Medicare HMO's network to receive coverage.
- **Shortly after enrolling in a Medicare HMO through the YBR website or the Nokia Benefits Resource Center, you may receive form(s) in the mail from the Nokia Benefits Resource Center.** Complete the form(s) with your personal information, Medicare information and signature, and return them to the Nokia Benefits Resource Center by the deadline stated on the form(s) to avoid any delays in receiving coverage.
- **Other Medicare HMO and Medicare Part C options may be available to you from other private insurers.** You cannot be enrolled in more than one Medicare Part C plan option at the same time. Enrolling in a private insurer's Part C plan does not automatically cancel any Nokia coverages you may have defaulted to or enrolled in during the annual open enrollment period. You must call the Nokia Benefits Resource Center to disenroll from your Nokia medical and prescription drug coverage if you want to enroll in a private insurer's Part C plan outside of the Company-sponsored Plan during the year.
- **Medicare HMO contribution costs will be final in December.** Because the Medicare HMOs require approval by CMS, the final plan designs and contribution costs will not be available to the Nokia Benefits Resource Center during the annual open enrollment period. It is expected that the Nokia Benefits Resource Center will have the final plan designs and contribution costs in December. If you decide to enroll in a Medicare HMO during the Nokia annual open enrollment period and the contribution cost is later reduced, you will receive written notification. The contribution cost will not be higher than what is shown on the YBR website during the annual open enrollment period.

Enrollment and Disenrollment Are Not Solely Within the Control of Nokia and Rely Heavily on Decisions Made by CMS

If you are Medicare-eligible, you can disenroll from or switch between the UnitedHealthcare Group Medicare Advantage (PPO) with prescription drug coverage and Medicare HMO options offered by the Plan **at any time during the year** by calling the Nokia Benefits Resource Center at 1-888-232-4111. However, CMS approval is required. As a result, all elections and effective dates of coverage are driven by CMS. To determine which Medicare HMOs are available to you through the Plan, review the YBR website at <https://digital.alight.com/nokia> during the annual open enrollment period.

Other Medicare Part D Plans May Be Available to You

If you enroll in another Medicare Advantage plan or a standalone Medicare Part D prescription drug plan after you enroll in the Company-sponsored UnitedHealthcare Group Medicare Advantage (PPO) with prescription drug coverage, you and any eligible dependents will be disenrolled from the Nokia-sponsored plan. This means that both of the following will also apply:

- You and/or your dependent(s) who have enrolled in another Medicare Advantage or Part D plan will need to begin paying premium costs to the new provider for coverage.
- If you do not have or get other prescription drug coverage that is at least as good as Medicare prescription drug coverage (also referred to as “creditable coverage”) within 63 days of your disenrollment from Nokia prescription drug coverage, you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Find Out More Details About Medicare

Review details about Medicare Parts A, B, C and D — including premium costs and any applicable deductibles, copayments and other costs, as well as any late enrollment penalties that may apply — in the *Medicare & You* handbook mailed to all Medicare households each fall. It is also available on the Medicare website at www.medicare.gov or by calling Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, seven days a week.

resources for now and later

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

Your Benefits Resources (YBR) Website <https://digital.alight.com/nokia> (personalized and password protected)

- View your current coverage
- Review and compare your 2021 healthcare options and contribution costs — **and enroll online! (September 21, 2020 – October 9, 2020)**
- Opt out of your 2021 coverage
- Find a doctor or healthcare provider
- Learn more about your Nokia benefits
- Review, add or change the information on file for your dependent(s)
- Understand how a Life Event may change your benefits

BenefitAnswers Plus Website www.benefitanswersplus.com (non-personalized — no password required)

- See benefits news and updates, including coverage tips and reminders
- Get your enrollment materials
- Find answers to your benefits questions
- View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs)
- Find carrier contact information 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 2021.

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 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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