



Get more from your 2024 Nokia benefits

Important information about using your benefits in 2024

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

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Now available: Expanded pharmacy network for Surest option members

Due to the recent expansion of the pharmacy network available under the prescription drug program for the Enhanced- and Standard-Surest options, you may now fill your prescriptions:

- At any CVS retail pharmacy,
- At any Costco Pharmacy,
- At any in-network pharmacy, or
- Through the CVS Caremark® Mail Service Pharmacy.

Use a CVS retail pharmacy and any in-network pharmacy (including a Costco Pharmacy) for short-term prescriptions, i.e., prescriptions of up to 30 days (90 days for insulin).

If you need to take a medication on an ongoing basis (maintenance medications such as those that are taken regularly for conditions like diabetes, high blood pressure, asthma, etc.), you can receive refills of 90-day supplies at a time by using the CVS Caremark Mail Service Pharmacy or a CVS retail pharmacy or any Costco Pharmacy. 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, use the CVS Caremark Mail Service Pharmacy (or a CVS retail pharmacy or a Costco Pharmacy).

Reminder: Caremark® Cost Saver™ is available starting January 1, 2024

With Caremark Cost Saver, all Enhanced- and Standard-Surest option members automatically receive the best pricing, when available, on generic medications!

Starting January 1, you will automatically have access to GoodRx's discount pricing when filling generic prescriptions at any preferred in-network pharmacy. Just present your CVS Caremark prescription drug member ID card, and you will pay lower prices on select generic medications. No further action needed.

Note: This doubling of copayments is modified for certain states as follows:

- **Florida:** Participants residing in Florida can also obtain 90-day supplies of medications taken on an ongoing basis at any in-network retail pharmacy that fills 90-day supplies.
- **Minnesota:** Participants residing in Minnesota also have access to an expanded list of pharmacies from which to obtain 90-day supplies of medications they take on an ongoing basis. Log on to [Caremark.com](https://www.Caremark.com) to find an in-network participating pharmacy.
- **Oklahoma:** Participants residing in or filling their prescriptions in Oklahoma can also obtain 90-day supplies of medications taken on an ongoing basis at any in-network retail pharmacy that fills 90-day supplies.
- **Tennessee:** Participants residing in Tennessee also have access to an expanded list of pharmacies from which to obtain 90-day supplies of medications they take on an ongoing basis. Log on to [Caremark.com](https://www.Caremark.com) to find an in-network participating pharmacy.
- **West Virginia:** Participants residing in West Virginia will also have access to an expanded list of pharmacies from which to obtain 90-day supplies of medications they take on an ongoing basis. Log on to [Caremark.com](https://www.Caremark.com) to find a participating pharmacy.

The above state rules are subject to modification from time to time. Also, other states may be added to this list. For a complete list, go to www.Caremark.com/PharmacyLocator.

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

As the new year approaches, here is some important information to keep in mind if you are (or were) enrolled in a Health Care Flexible Spending Account (HFSA) and/or Dependent Care Flexible Spending Account (DFSA) for 2022 and/or 2023.

Keep track of these key FSA dates

Important! The filing deadline for 2022 HFSA and DFSA claims is December 31, 2023

If you still have FSA-eligible claims that were incurred in 2022 (or during the “grace period,” for the HFSA), you must submit those claims for reimbursement through your 2022 HFSA and/or DFSA by December 31, 2023. After December 31, 2023, you may no longer submit claims to be reimbursed through your 2022 FSA(s), and you will lose any money left in those account(s).

You must submit any 2022 HFSA and/or DFSA claims to Alight Smart-Choice Accounts™ (Smart-Choice) online, through the Smart-Choice Mobile app or by fax or mail. You cannot use your Alight Smart-Choice Card™ (Smart-Choice Card) to pay for any HFSA expenses incurred during 2022 or the grace period.

For your convenience, the grace period and claims submission deadlines for the 2022, 2023 and 2024 FSAs are summarized below.

Plan Year	Grace period ends	Claims filing deadline
HFSA		
2022	March 15, 2023	December 31, 2023
2023	March 15, 2024	May 15, 2024
2024	March 15, 2025	May 15, 2025
DFSA		
2022	Not applicable	December 31, 2023
2023	Not applicable	May 15, 2024
2024	Not applicable	May 15, 2025

What you need to know and do when the new Plan Year starts on January 1, 2024

About HFSA expenses and claims

- **If you have a balance in your 2023 HFSA:** The 2023 HFSA grace period (January 1, 2024, through March 15, 2024) begins. You can use your balance to pay for eligible healthcare expenses you incur during the grace period.
 - **If you re-enrolled in an HFSA for 2024:** For eligible expenses incurred in 2024, you can use your Smart-Choice Card or submit claims to Smart-Choice online, through the Smart-Choice Mobile app or by fax or mail.
- **If you use your Smart-Choice Card:**
 - ♦ Expenses incurred during the 2023 grace period that are auto-substantiated will automatically be applied to your balance for the **2023** Plan Year (if available).
 - ♦ Expenses incurred during the 2023 grace period that are not auto-substantiated will be applied to your balance for the **2024** Plan Year. However, if Smart-Choice receives appropriate documentation before the May 15, 2024, claims submission deadline, the claim will be applied to your **2023** Plan Year balance (if available).
- **If you submit claims to Smart-Choice:** Smart-Choice will automatically draw from your 2023 balance before using your 2024 account to pay for eligible expenses you incur during the grace period.
- **If you did not re-enroll in an HFSA for 2024:** For eligible expenses incurred in 2023, submit claims to Smart-Choice online, through the app or by fax or mail. For eligible expenses incurred **during the grace period**, you also have the option to use your Smart-Choice Card.
- **If you do not have a balance in your 2023 HFSA or if you are newly enrolled in an HFSA for 2024:** Start using your 2024 Smart-Choice HFSA to be reimbursed for eligible healthcare expenses. You can use your Smart-Choice Card or submit claims to Smart-Choice online, through the app or by fax or mail.

About DFSA expenses and claims

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

- **If you have a balance in your 2023 DFSA:** The last day to incur eligible dependent care expenses that can be reimbursed from your 2023 DFSA is **December 31, 2023**. There is no 2023 DFSA grace period. You have until **May 15, 2024**, to submit claims for eligible dependent care expenses incurred through December 31, 2023.
- **If you have re-enrolled or are newly enrolled in a DFSA for 2024:** Start using your 2024 Smart-Choice DFSA to be reimbursed for eligible dependent care expenses.

Be sure to submit all claims for 2023 HFSA and DFSA expenses by May 15, 2024

Keep in mind, **you must submit all your 2023 HFSA and/or DFSA claims to Smart-Choice by May 15, 2024.**

Do not wait until the last minute to submit your final 2023 claims to Smart-Choice. It may take up to 10 days for a claim to be processed, so be sure to submit your claim far enough in advance of the May 15 deadline to ensure there is sufficient time to resolve any issues that may affect your claim.

After May 15, 2024, no additional documentation will be accepted for incomplete or invalid 2023 claims. This means that:

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

Hang on to those receipts!

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

Important reminders

Manage your FSA(s) from anywhere

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

Use the app to:

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

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

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

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

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

Enrolled in a DFSA? Use provider certification!

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

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

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

Important: Ensure that your dependent(s) qualify for a DFSA under Internal Revenue Service (IRS) guidelines. This means your dependent child must be under the age of 13.¹

For more information

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

The importance of preventive care

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

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

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

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

Right care. Right place. Right savings.

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

Use the Surest app or visit Benefits.Surest.com to access your care options.

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

What you need to know about your member ID cards

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

Medical and prescription drug

- Surest will provide **all** Surest members with new, physical medical plan ID cards for 2024. Several updates to the physical ID card design have been made for 2024, including:
 - **Front of the card:** The UnitedHealthcare logo appears before the Surest logo at the top left and the Surest payer ID number has been added to the front of the card for your providers' convenience.
 - **Back of the card:** Contact information for both members and providers can be found here, along with a QR code to [Surest.com](https://www.surest.com).
- CVS Caremark will provide new members with new prescription drug ID cards for 2024. Current members will not receive new ID cards; please continue to use your current CVS Caremark ID card in 2024.
- If you have not received your new card(s) (as applicable) by January 1, 2024, or if you need new cards for yourself or additional cards for your dependents, you may print (or, in the case of Surest, download a digital copy of) them from the applicable carrier's website:
 - Medical (Surest): [Benefits.Surest.com](https://www.benefits.surest.com)
 - Prescription drug (CVS Caremark): [Caremark.com](https://www.caremark.com)
- For HMO coverage, contact the HMO for any questions about ID cards. You can find contact information on the back of your HMO ID card (if you are currently enrolled) and in *Benefits at-a-glance and resource contact information 2024* on the BenefitAnswers Plus website.

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

Dental

MetLife does not issue dental plan ID cards; you do not need to present an ID card to receive services under the plan. Simply provide your dentist with your group information (Nokia 85848) and Nokia employee ID number.

You can review your dental benefits at <http://www.metlife.com/mybenefits>. (To log on, use the company/group name "US-Nokia" and follow the on-screen prompts.)

See your prescription drug savings on Caremark.com!

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

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

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

The Surest plans offer resources to help you manage your and your family's health and healthcare. Many are available at no additional cost to you.

Surest mobile app

The Surest app is your go-to healthcare resource. It makes it easy for you to access your healthcare information, anytime and anywhere, from your mobile device.

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

- Find in-network care options for doctors, clinics and hospitals in your area;
- Talk to a doctor by video 24/7;
- Access digital ID cards;
- View claims;
- See the copayments for doctors, procedures and tests;
- Review options for care; and
- Connect with Surest Member Services.

To download the Surest app, visit the App Store® or Google Play™ store and search for "Surest."

Virtual visits

As part of your Surest medical benefits, you and your covered family members have access to convenient, low- or no-cost virtual care options. A virtual visit lets you see and talk to a doctor or licensed behavioral health virtual therapist from your smartphone, tablet or computer.

Primary, acute and urgent care

For 2024, there are several more virtual care options in this category that are available 24/7. Services vary, from help with common health conditions like allergies, flu, pink eye, rashes, sore throats and stomach aches to primary care services, which are offered through K Health and Optum Virtual Care.

If you are enrolled in a Surest medical plan option, your cost for an in-network virtual visit for urgent and acute care and primary care (\$0 copayment) is less expensive than an office visit, urgent care center or emergency room visit. To see copayment amounts for other virtual care services, use the Surest app or log on to Benefits.Surest.com.

New for 2024!

Virtual visits are also available for specialties like **migraine care, gastrointestinal care and speech therapy**. For more information, use the Surest app or log on to Benefits.Surest.com.

Most visits take about 10 – 15 minutes. Doctors can write a prescription,² if needed, that you can pick up at your local pharmacy.

² Doctors cannot prescribe medications in all states.

To register for and request a virtual visit, use the Surest app or log on to Benefits.Surest.com. Then:

- Select “Search cost and coverage,”
- Select “Virtual visit,”
- Choose the category,
- Click “Find providers,”
- Select the virtual provider option you would like to use, and
- Proceed to register.

Note that some virtual care providers may require you to input your credit card information.

Once registered, you can request a virtual visit. During your visit, you can talk to a doctor about your health concerns, symptoms and treatment options.

Referrals for laboratory services through a virtual provider

During a virtual visit, the provider can order laboratory services as clinically appropriate, based on your medical issue and symptoms. The provider will send the lab order to a major national lab, such as Quest Diagnostics™ or LabCorp. (Standard labs are covered at a \$0 copayment under the Surest plans.)

Behavioral healthcare

When you are feeling stressed or anxious, it may be hard to reach out for help, especially if you do not want anyone to know that you are hurting. Virtual therapy offers confidential, one-on-one video counseling for conditions such as anxiety, depression, ADD/ADHD, addiction and mental health disorders from the privacy of your home. In 2024, there are more virtual mental health options available under the Surest plans. Visit Benefits.Surest.com and search for “virtual visit” to view your options.

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

If you are enrolled in a Surest medical plan option, your cost for a virtual behavioral health visit is the same as an in-network behavioral health office visit. You pay a \$10 copayment per visit (Enhanced-Surest option) and a \$25 copayment per visit (Standard-Surest option).

To find a therapist and schedule a visit, use the Surest app or log on to Benefits.Surest.com. Search “Mental Health office visit.” Call the provider of your choice to set up an appointment.

Important information about telemedicine/telehealth visits with your own doctor

Unlike the virtual visits described earlier, a telemedicine/telehealth visit with your own doctor (primary care physician [PCP] or specialist) in place of an in-person office visit for non-preventive, nonemergency care is covered just like an office visit under your medical plan option:

Medical plan option	Cost of nonemergency telemedicine/telehealth visit with your own doctor (PCP and specialist)
Enhanced-Surest	You pay: <ul style="list-style-type: none">• In-network: \$10 to \$65 copayment/visit• Out-of-network: \$195 copayment/visit
Standard-Surest	You pay: <ul style="list-style-type: none">• In-network: \$25 to \$125 copayment/visit• Out-of-network: \$375 copayment/visit

Rally®

You have access to Rally, a user-friendly digital experience that engages you by using technology, gaming and social media to help you understand, learn about and feel supported on your health journey. Rally is available at no cost and offers personalized recommendations to help you and your covered, eligible family members make healthier choices and build healthier habits — one small step at a time. You can access Rally through the Rally wellness portal at <https://www.werally.com/client/nokia/register> from your smartphone, tablet or computer anytime.

Real Appeal®

Real Appeal is an online weight loss and healthy lifestyle program to help people lose weight and keep it off. This fun and engaging program helps you learn simple steps for a healthier life so you can spark your transformation. It is available at no additional cost to you and your covered, eligible family members.

Real Appeal helps you lose weight and reduce your risk of developing certain diseases like diabetes and cardiovascular disease, as it is based on decades of proven clinical research. Most members lose an average of 10 pounds after completing only four sessions of the program. Enrollment in the program includes:

- **Online coaching.** Your coach will guide you through the program and develop a simple plan that fits your needs, preferences and goals.
- **24/7 access** to digital tools and dashboards that can help you track your food, activity and weight.
- **A success kit** full of healthy weight management tools, online fitness content, food and weight scales, and more.
- **Support** from weekly online group classes to learn healthy ideas from your coach and other members who share what has helped them achieve success.

Enrollment and participation in the program are accessible through the Surest app, [Benefits.Surest.com](https://www.werally.com/client/nokia/register) and Rally wellness portal at <https://www.werally.com/client/nokia/register>.

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

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

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

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

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

If you have questions and would like to speak with an EAP representative, call 1-800-327-7348 or visit Member.MagellanHealthcare.com.

Manage your dental benefits with the MetLife US app

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

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

Step 1: If you haven't already, register at www.metlife.com/mybenefits (log on using the company code "US-Nokia") from any computer. **Important:** You cannot register from your phone. (Already registered? Start with Step 2 and download the app directly!)

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

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

Find out how you can save on your dental costs

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

You can use any dental provider you choose. However, your out-of-pocket costs will be less if you use a MetLife PDP provider in the PDP Plus network because:

- PDP Plus network providers offer lower negotiated fees (usually 30 percent to 45 percent less than the average charges in the same community³), and
- Both dental options offer more generous coverage for PDP Plus network providers.

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

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

You can view your potential savings on in-network PDP Plus vs. out-of-network fees by using the Dental Procedure Fee Tool⁴ located on www.metlife.com/mybenefits. (To log on, use the company/group name "US-Nokia" and follow the on-screen prompts.)

Take a look at the example on the following page, which shows you how you can save by going to an in-network PDP Plus specialist.

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

⁴ The Dental Procedure Fee Tool is provided by VerifPoint, an independent vendor. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

Example for a specialty service — crown

(Note: This is an example for illustration purposes only and may not reflect the actual charges in your area.)

	In-network (PDP Plus)	Out-of-network
Specialist charge ⁵	\$1,300.00	
MetLife negotiated fee	\$698.00	Not applicable
MetLife pays ⁶ (In-network is based on 80 percent coinsurance amount under the Enhanced Dental Option for this type of service; out-of-network is based on 70 percent coinsurance)	\$558.40	\$910.00
Your out-of-pocket cost⁶	\$139.60	\$390.00
Approximate savings by visiting a participating PDP Plus dentist: \$250.40⁷ The savings amount is the difference between the in-network out-of-pocket cost and the out-of-network out-of-pocket cost.		

The table above is a typical example of how in-network savings work. It shows that you usually save more when you stay in the network. So the next time you need dental care, find out what your plan covers and what you could save by going to a participating PDP Plus general dentist or specialist.

To check your coverage or find a general dentist or specialist, log on to www.metlife.com/mybenefits or call 1-888-262-4876. You can also ask your dentist to recommend a network specialist in your community.

Best of all, participating dentists and specialists have undergone a careful selection process.⁸ You will never need a referral. So you get convenient access to quality care and support for better savings.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife for complete details.

⁵ Approximate costs provided by VerifPoint, Inc., an industry source independent of MetLife.

⁶ This example reflects an in-network coinsurance amount of 80 percent and an out-of-network coinsurance amount of 70 percent for major services under the Enhanced Dental Option.

⁷ The potential savings is based on the average charges. Actual savings will vary depending on the out-of-network dentist's actual charge for the service.

⁸ Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, rather than MetLife's. If you should have any questions, contact MetLife Customer Service.

Save on taxes with the commuter benefits program

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

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








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

Questions?

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

There's an app for that!

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

Name of app	What you can do with it	Where to find it
Alight Mobile 	Review, enroll in or make changes to your Nokia benefits on the YBR website.	Search for “Alight Mobile” on the App Store and Google Play store.
Surest 	Find in-network medical providers; check copayments for tests, procedures or treatments before making an appointment; see different treatment options; access your ID card; and connect with Surest Member Services.	Search for “Surest” on the App Store and Google Play store.
Rally 	Get personalized support and information to help you and your covered family members make healthier choices and build healthier habits.	Search for “Rally” on the App Store and Google Play store.
CVS Caremark 	Refill mail order service prescriptions, get drug and pricing information, find a network pharmacy, track order status, view prescription history and access your prescription plan ID card.	Search for “CVS Caremark” on the App Store and Google Play store.
MetLife 	Find in-network dentists, check the status of a claim and view an ID card.	Search for “MetLife US app” on the App Store and Google Play store.
Smart-Choice Mobile 	See your HFSA and/or DFSA balance(s), upload documentation, submit claims and more.	Search for “Smart-Choice Mobile app” on the App Store and Google Play store.
HealthEquity EZ Receipts 	Manage your commuter benefits account, including checking your balance and viewing and submitting claims.	Search for “EZ Receipts” on the App Store and Google Play.

Take a fresh look at your savings plan

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

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

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

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



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

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

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

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

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

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

Coming your way: Tax form 1095-C

As required by the Affordable Care Act (ACA; healthcare reform), employers must provide IRS Form 1095-C to certain (but not all) plan participants each year. The form serves as proof that you met the ACA's requirement for having qualifying healthcare coverage during the year. If this applies to you, you should expect to receive your 2023 Form 1095-C no later than March 2, 2024.

Form 1095-C indicates the months of the year that you (and your dependents, if applicable) were offered or were enrolled in medical coverage during 2023. You may need Form 1095-C or the information it includes to file your federal tax return for 2023. Nokia cannot offer tax advice, so you might consider consulting a tax advisor for further guidance on Form 1095-C. (**Please note:** Form 1095-C will not replace any state forms you may receive that provide proof of medical insurance.)

Please note: For the 2023 tax year, California (CA), the District of Columbia (DC), New Jersey (NJ) and Rhode Island (RI) require copies of the federal 1095 tax forms (used to report healthcare coverage) for employees who are residents during the tax year. Nokia has partnered with Alight to ensure compliance with these healthcare tax filing requirements, and 1095 data will be provided to CA, DC, NJ and RI as required.

This communication is intended to highlight some of the benefits provided to eligible participants under the Nokia health and welfare plans. More detailed information is provided in the official plan documents. In the event of a conflict between any information contained in this communication and the terms of the plans as reflected in the official plan documents, the official plan documents shall control. The Board of Directors of Nokia of America Corporation (the "Company") (or its delegate[s]) reserves the right to modify, suspend, change or terminate any of the benefit plans at any time. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the Company. The Company cannot be bound by statements about the plans made by unauthorized personnel.

This information is not a contract of employment, either expressed or implied, and does not create contractual rights of any kind between the Company and its employees or former employees.

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