



Benefits at-a-glance and resource contact information 2022

For formerly represented participants on COBRA continuation coverage

2022-BAAG1-FREP_251912

NOKIA

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
- 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 2022 Nokia medical and dental plan options applicable to eligible formerly represented individuals on continuation coverage through the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA). 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
- 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)?

Due to the number of HMO options offered, 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 12 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 services shown in the table below and on the following pages, where coverage is expressed as a percentage, it is a percentage of the provider's contracted rate for in-network Point of Service (POS) services or of the reasonable and customary (R&C) fee for Traditional Indemnity services. When medical services are received from a non-network provider, eligible expenses are an amount negotiated by UnitedHealthcare®, a specific amount required by law (when required by law) or an amount UnitedHealthcare has determined is typically accepted by a healthcare provider for the same or similar service.

Feature	Point of Service (POS)		Traditional Indemnity
	In-network	Out-of-network	
Choice of doctors	Select from within a network of medical providers	Select any medical provider	Select from within a network of Preferred Provider Organization (PPO) providers or any medical provider
Annual deductible	None	Individual: \$775 Two-person: \$1,550 Family: \$2,325	Individual: \$375 Two-person: \$750 Family: \$1,125
Annual out-of-pocket maximum	Individual: \$1,600 Two-person: \$3,200 Family: \$4,800	Individual: \$4,450 Two-person: \$8,900 Family: \$13,350 (excludes deductible)	Individual: \$1,900 Two-person: \$3,800 Family: \$5,700 (excludes deductible)
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.		
Copayment/coinsurance for covered services			
Acupuncture	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Ambulance — emergency air ambulance	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Ambulance — emergency use of ambulance	Plan pays 95%	Plan pays 95% (deductible does not apply)	Plan pays 80% after deductible is satisfied
Ambulance from hospital to hospital (if admitted to first hospital)	Plan pays 95%	Plan pays 95% (deductible does not apply)	Plan pays 95% after deductible is satisfied
Anesthesia	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Birth control (prescription birth control or medication only)	See “Coverage through the CVS Caremark prescription drug program” on page 7.		
Birthing center	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Blood and blood derivatives	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Cardiac rehabilitation (phase three maintenance not covered)	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Chemotherapy	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied

Feature	Point of Service (POS)		Traditional Indemnity
	In-network	Out-of-network	
Chiropractic	You pay \$35 copayment/visit; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 75% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Durable medical equipment	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Emergency room — emergency use	You pay \$75 copayment/visit (waived if admitted)	You pay \$75 copayment/visit (waived if admitted)	Plan pays 95% after deductible is satisfied
Emergency room — nonemergency use	Plan pays 75% after you pay \$75 copayment/visit	Plan pays 75% after you pay \$75 copayment/visit	Plan pays 80% after deductible is satisfied
Extended care facility (or skilled nursing facility)	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to 60 days/year	Plan pays 95% after deductible is satisfied; limited to 120 days/year
Home healthcare	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to 100 visits/year	Plan pays 95% after deductible is satisfied; limited to 200 visits/year
Hospice care	Plan pays 95%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 75% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 95% after deductible is satisfied; limited to 210 days/lifetime
Inpatient hospitalization/ surgery	Plan pays 95% after you pay \$125 copayment/admission	Plan pays 75% after deductible is satisfied and you pay \$375 copayment/admission	Plan pays 95% after deductible is satisfied
Maternity (office visits [pre/postnatal], in-hospital delivery services)	Office visits: Plan pays 95% after you pay \$35 copayment for first visit In-hospital delivery services: Plan pays 95% after you pay \$125 copayment/admission	Office visits: Plan pays 75% after deductible is satisfied In-hospital delivery services: Plan pays 75% after deductible is satisfied and you pay \$375 copayment/admission	After deductible is satisfied, plan pays 95% for most inpatient and outpatient services and 80% for physician office visits
Mental health and chemical dependency	Inpatient: Plan pays 95% after you pay \$125 copayment/admission Outpatient: You pay \$35 copayment/visit Alternative treatment (partial hospitalization, residential treatment and services of a halfway house or group home): Plan pays 95% after you pay \$125 copayment/admission	Inpatient: Plan pays 75% after deductible is satisfied and you pay \$375 copayment/admission Outpatient: Plan pays 75% after deductible is satisfied Alternative treatment (partial hospitalization, residential treatment and services of a halfway house or group home): Plan pays 75% after deductible is satisfied and you pay \$375 copayment/admission	Inpatient: Plan pays 95% after deductible is satisfied Outpatient: Plan pays 80% after deductible is satisfied Alternative treatment (partial hospitalization, residential treatment and services of a halfway house or group home): Plan pays 95% after deductible is satisfied
Nutritionist	You pay \$35 copayment/visit	Not covered	Not covered
Outpatient lab/X-ray	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Physician hospital visits and consultations	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Physician office and virtual visits (non-preventive)	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Podiatrist	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Private duty nursing	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to 100 shifts/year	Plan pays 95% after deductible is satisfied limited to 200 shifts/year
Radiation therapy	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied

Feature	Point of Service (POS)		Traditional Indemnity
	In-network	Out-of-network	
Rehabilitation therapy (outpatient physical, occupational, speech)	You pay \$35 copayment per office visit; otherwise, plan pays 95%	Plan pays 75% after deductible is satisfied; speech therapy limited to 30 visits/year	Plan pays 80% after deductible is satisfied; speech therapy limited to 30 visits/year
Second surgical opinion	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Smoking deterrents (prescription only)	See “Coverage through the CVS Caremark prescription drug program” on page 7.		
Surgery — in-office	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Surgery — outpatient	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Wigs	Plan pays up to \$300/plan year		
Preventive care			
Routine physical exams	You pay \$35 copayment/visit	Not covered	Not covered
Well-child care (including immunizations)	You pay \$35 copayment/visit	Not covered	Not covered
Well-woman care (ob-gyn exam)	You pay \$35 copayment/visit	Not covered	Not covered
Mammogram screening	You pay \$35 copayment/visit; included with doctor’s visit	Plan pays 75% after deductible is satisfied	After deductible is satisfied, plan pays 80% if preventive or 95% if diagnostic
Pap smear (in doctor’s office)	You pay \$35 copayment/visit; included with doctor’s visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Digital rectal exam and blood test for PSA (in doctor’s office — prostate cancer screening for men age 50 and older)	You pay \$35 copayment/visit; included with doctor’s visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Newborn in-hospital care	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to one visit	Plan pays 95% (deductible does not apply); limited to one visit

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 www.MagellanAscend.com.

Remember:

**You may not be eligible for all of the coverage options shown in this table.
For HMO information, contact the HMO. Carrier contact information is on page 12.**

Feature	Point of Service (POS)		Traditional Indemnity
	In-network	Out-of-network	
Other important information about your medical coverage			
Are you responsible for charges in excess of the allowable amount?	No	Yes	Yes
Who is responsible for precertification?	Your provider; check with your provider to ensure prior authorization is obtained	You	You
What is the penalty for failure to precertify care?	No benefits paid by plan	20% reduction in benefits, up to \$400 maximum/occurrence	20% reduction in benefits, up to \$400 maximum/occurrence
Do you have to file claim forms?	No	Yes	Yes
Coverage through the CVS Caremark prescription drug program ^{1,2}			
Prescription drug annual deductible ¹	Retail and mail order: None	Individual: \$125 Two-person: \$250 Family: \$375	In-network (retail and mail order): None Out-of-network: Individual: \$125 Two-person: \$250 Family: \$375
Prescription drug annual out-of-pocket maximum ¹	Retail and mail order: \$1,600/individual	None	In-network (retail and mail order): \$1,600/individual Out-of-network: None
Retail copayments ³ (up to a 30-day supply using an in network pharmacy)	Generic: \$10 Preferred brand: \$30 Nonpreferred brand: \$50	Plan pays 70% after deductible is satisfied	In-network: Generic: \$10 Preferred brand: \$30 Nonpreferred brand: \$50 Out-of-network: Plan pays 70% after deductible is satisfied
Mail-order copayments (up to a 90-day supply)	Generic: \$20 Preferred brand: \$60 Nonpreferred brand: \$100	Not applicable	Generic: \$20 Preferred brand: \$60 Nonpreferred brand: \$100
Member pays the difference	You will pay the generic copayment, 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 copayment, 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. Please note that eligible vaccines are covered under the medical plan, not the prescription drug program. You must present your medical, not prescription drug, member ID card when visiting a provider for these immunizations. For information about the covered vaccines, please call UnitedHealthcare at 1-800-577-8539 or visit www.myuhc.com .		

¹ The deductibles and out-of-pocket maximums for the prescription drug program are separate from the deductibles and out-of-pocket maximums for POS and Traditional Indemnity coverage. "Member pays the difference" program charges do not count toward prescription drug annual out-of-pocket maximums.

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 pick up at a CVS retail pharmacy.

¹ The deductibles and out-of-pocket maximums for the prescription drug program are separate from the deductibles and out-of-pocket maximums for POS and Traditional Indemnity coverage. "Member pays the difference" program charges do not count toward prescription drug annual out-of-pocket maximums.

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 pick up at a CVS retail pharmacy.

Remember:
You may not be eligible for all of the coverage options shown in this table.
For HMO information, contact the HMO. Carrier contact information is on page 12.

Dental

Please note:

For the services shown in the table below, where coverage is expressed as a percentage, it is a percentage of the reasonable and customary (R&C) fee (for Traditional option services) or of the dentist-eligible charges (for Dental Maintenance Organization [DMO] option services).

Feature	Traditional option	Dental Maintenance Organization (DMO) option (participating providers)*
Deductible	Lifetime deductible of \$50/individual	Generally not applicable
Diagnostic and preventive care (for example: exams, cleanings and routine X-rays)	Plan pays 100%	Plan pays 100%
Minor restorative services (for example: fillings)	Based on a geographic schedule	Plan pays 100%
Major restorative services (for example: crowns)	Based on a geographic schedule	Plan pays 75%
Orthodontia	Based on a geographic schedule up to lifetime maximum of \$1,500/individual	Plan pays 50%; in general, lifetime maximum does not apply
Annual maximum benefit	\$1,500/individual	Generally not applicable
* If you visit a non-participating dentist after you enroll in the DMO option, your benefit will generally be lower since it will be limited to a specific dollar amount.		

Important information regarding the DMO option

How to enroll

Even if you are currently enrolled in the DMO option, it will not appear as a coverage option on the YBR website during the annual open enrollment period. To enroll in the DMO option, you must first enroll in the Aetna Traditional option (if you are eligible) and then switch to the Aetna DMO option during the year. The DMO option is available in a limited area. You can only enroll in this option if it is available where you live.

For more information about the DMO option (including availability in your area) or to switch to the DMO option, contact Aetna directly at 1-800-220-5479.

Questions?

For questions about dental coverage or if you are looking for a provider in the DMO network, please contact Aetna:

- www.aetna.com
- **Traditional option:** 1-800-220-5470
- **DMO option:** 1-800-220-5479

Remember:

**You may not be eligible for all of the coverage options shown in this table.
For HMO information, contact the HMO. Carrier contact information is on page 12.**

Resource contact information

For information about your benefits coverage, contact these resources.

Where	What you will find
Nokia resources	
https://digital.alight.com/nokia 24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., ET	The Your Benefits Resources (YBR) website <ul style="list-style-type: none"> • View your current coverage • Review and compare your 2022 healthcare options and contribution costs • Enroll in coverage for 2022 • Make changes to your default coverage for 2022 • 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
1-888-232-4111 (TTY 711) (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) Monday through Friday, from 9:00 a.m. to 5:00 p.m. ET	Nokia Benefits Resource Center <ul style="list-style-type: none"> • If you do not have Internet access: <ul style="list-style-type: none"> – Enroll in coverage for 2022 – Make changes to your default coverage for 2022 – 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
www.benefitanswersplus.com	The Nokia BenefitAnswers Plus website <ul style="list-style-type: none"> • 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 during the year
UnitedHealthcare	
www.myuhc.com POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567	General information about your coverage and dedicated Customer Care (Member Services) <ul style="list-style-type: none"> • Understand how your UnitedHealthcare medical coverage works • Find network physicians, specialists and facilities in your community • Compare average treatment costs and hospitals in your area for medical procedures you may be considering • Manage your healthcare choices and costs through a Plan Comparison Calculator • Access claims information • Speak with an experienced Customer Care representative who understands your plan and can answer questions quickly

Where	What you will find
www.myuhc.com Call the phone number on the back of your medical ID card 24 hours a day, seven days a week	UnitedHealthcare Live Nurse Assistance <ul style="list-style-type: none"> • Speak with a registered nurse at any time • Get information about health and welfare topics • Participate in a live online nurse chat • Both English- and Spanish-speaking registered nurses are available
www.myoptumhealthcomplexmedical.com 1-866-936-6002 7:00 a.m. to 7:00 p.m., Central Time (CT), Monday through Friday, excluding holidays	UnitedHealthcare Cancer Resource Services (CRS) <ul style="list-style-type: none"> • Get information regarding a cancer diagnosis and treatment • Find cancer centers or physicians
myuhc.phs.com/maternitysupport 1-877-201-5328 (TTY 711) 8:00 a.m. to 8:00 p.m., CT, Monday through Thursday, and 8:00 a.m. to 5:00 p.m., CT, Friday	Maternity Program <ul style="list-style-type: none"> • Education and support for women through all stages of pregnancy and delivery • Information on how to download the Healthy Pregnancy mobile app
www.myoptumhealthcomplexmedical.com (click the “Congenital Heart Disease” link or call the phone number on the back of your medical ID card)	Congenital Heart Disease Program (CHD) <ul style="list-style-type: none"> • Clinical consultants can provide information to assist parents, family members, case managers and physicians in making decisions about congenital heart disease
www.myoptumhealthcomplexmedical.com (click the “Transplantation” link or call the phone number on the back of your medical ID card)	Transplant Resource Services (TRS) <ul style="list-style-type: none"> • Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants
www.liveandworkwell.com POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567	UnitedHealthcare Behavioral Health <ul style="list-style-type: none"> • Understand how your mental health and chemical dependency coverage works • Access claims information
CVS Caremark prescription drug coverage (does not apply to HMO coverage)	
Caremark.com 1-800-240-9623	CVS Caremark <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
Caremark.com/mailservice 1-800-240-9623	CVS Caremark Mail Service Pharmacy <ul style="list-style-type: none"> • Order and refill maintenance medications from the CVS Caremark mail order service for savings opportunities
CVSspecialty.com 1-800-237-2767	CVS Specialty <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
Magellan	
www.MagellanAscend.com 1-800-327-7348	Magellan EAP <ul style="list-style-type: none"> • Get free, confidential 24/7 assistance for medical and behavioral health issues

Where	What you will find
Aetna Dental	
www.aetna.com Traditional option: 1-800-220-5470 DMO option: 1-800-220-5479	Aetna Dental <ul style="list-style-type: none"> • Understand how your dental coverage works • Find network dentists • Access claims information
MetLife	
1-888-201-4612	MetLife Life Insurance <ul style="list-style-type: none"> • Understand how your life insurance coverage works • Request conversion • Get answers to questions about completing or submitting beneficiary designation forms
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
Other resources (union contact)	
1-202-434-1301 Email: msherman@cwa-union.org	CWA Staff Representative — Mary Jo Reilly <ul style="list-style-type: none"> • Not a representative of the Nokia medical plan • Assists former union members
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 • 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

Horizon Blue Cross Blue Shield of New Jersey	Members: 1-800-355-2583 Prospective members: 1-800-224-1234 Website: www.horizonblue.com
Kaiser Mid-Atlantic	Washington, D.C.: 1-301-468-6000 (TTY 711) Outside the Washington, D.C., metro area: 1-800-777-7902 (TTY 711) Website: http://kp.org
Kaiser Northwest	Portland, OR area only: 1-503-813-2000 Elsewhere: 1-800-813-2000 Website: http://kp.org
Kaiser of Northern California Kaiser of Southern California	Phone: 1-800-464-4000 Website: http://kp.org
Kaiser Permanente of Colorado	Phone: 1-800-632-9700 Southern Colorado: 1-888-681-7878 Website: http://kp.org
Kaiser Permanente of Georgia	Phone: 1-888-865-5813 Local: 1-404-261-2590 Website: http://kp.org
Kaiser Permanente of Hawaii	Oahu: 1-808-432-5955 Other islands: 1-800-966-5955 Website: http://kp.org
Kaiser Permanente Washington	Phone: 1-888-901-4636 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 Occupational 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 1-908-582-4727.

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 copayments, 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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