

2026 annual open enrollment period

Online and phone enrollment period:
October 13, 2025 – October 24, 2025

The 2026 annual open enrollment period begins on Monday, October 13, 2025, at 9:00 a.m., Eastern Time (ET), and ends on Friday, October 24, 2025, at 5:00 p.m., ET.

You may learn about your 2026 coverage choices and costs — as well as enroll in and/or change your Nokia health and welfare benefits coverage — online on the Your Benefits Resources™ (YBR) website at digital.alight.com/nokia or by calling the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) during these dates and times. Representatives are available from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.

PLEASE NOTE:

- > **The annual open enrollment period runs for two weeks.** You may enroll online or by phone during this time. You may also enroll using the Alight Mobile app. See “Access your benefits and enroll through the Alight Mobile app!” on page 13.
- > You cannot use the YBR website or call the Nokia Benefits Resource Center to enroll in or make changes to your coverage for 2026 — or call the Nokia Benefits Resource Center to ask questions about your 2026 plan options and pricing — until Monday, October 13, 2025, at 9:00 a.m., ET.

You must take action before Friday, October 24, 2025, at 5:00 p.m., ET. Late enrollments will not be accepted.

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 2026 if you **do not** take any action during the annual open enrollment period. **It is your responsibility to confirm that your 2026 default coverage shown on the YBR website is the coverage you want for 2026.**

Confirming your default coverage is quick and easy. See “Check your default coverage” on page 9 to find out how to confirm your default coverage starting Monday, October 13, 2025.



IMPORTANT

This brochure is intended for multiple audiences. Some information in this brochure may not apply to you. Please refer to the YBR website during your annual open enrollment period to review Nokia health and welfare benefits eligibility for you and your dependents.

What's changing for 2026



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, 2026.

OVERVIEW: WHAT'S CHANGING AND WHY

Each year, Nokia reviews the cost of the health and welfare benefits it offers to its eligible employees, with an eye toward maintaining a comprehensive and competitive program, both with respect to plan design and required employee contributions. This is often a challenge, given trends in healthcare inflation and use of healthcare services.

Due to skyrocketing healthcare costs, high utilization of the medical plan by Nokia and former Infinera employees and dependents, and large increases in the number of high-cost healthcare claimants, we will be making some significant changes to our medical plan options effective January 1, 2026, in order to control those increased costs.

For all the Surest and UnitedHealthcare (UHC) options, annual in- and out-of-network out-of-pocket maximums will increase. There will be increases to the UHC annual out-of-network deductibles, and we will also be introducing annual in-network deductibles for the UHC options. In addition, copays for brand drugs (both retail and mail order) and in-network out-of-pocket maximums for the prescription drug program will increase. As a result of these and other Surest, UHC and prescription drug program design changes, most employees' out-of-pocket costs will increase.

Also, effective January 1, 2026, there will be significant increases in contributions for medical and dental coverage. To see your 2026 contribution amounts, visit the YBR website at digital.alight.com/nokia during the annual open enrollment period.

Other changes may apply to Kaiser Northern California HMO coverage

The changes in this brochure do not apply to the Kaiser Health Maintenance Organization (HMO). Check the YBR website during the annual open enrollment period or contact Kaiser directly for its 2026 coverage changes.

Kaiser contact information is on the back of your Kaiser member ID card (if you are currently enrolled) and in *Benefits at-a-glance and resource contact information 2026* on the BenefitAnswers Plus website.

Please note: The Kaiser website has a new address:
<https://choose.kp.org/nokia>.

MEDICAL AND PRESCRIPTION DRUG COVERAGE CHANGES

Effective January 1, 2026, certain copays, deductibles and out-of-pocket maximums for the Surest and UnitedHealthcare (UHC) medical plan options will change. The table below and on the following pages provides a high-level summary of the most significant changes. Changes for 2026 are in **orange**.

For a more comprehensive list of medical services and their 2026 coverage levels, see *Benefits at-a-glance and resource contact information 2026* on the BenefitAnswers Plus website.

	Surest Enhanced ¹	Surest Standard ¹	UHC Enhanced ²	UHC Standard ²
Medical³				
Annual deductible	\$0	\$0	In-network: Individual: \$500 Two-person: \$1,000 Family: \$1,500 Out-of-network: Individual: \$1,500 Two-person: \$3,000 Family: \$4,500	In-network: Individual: \$1,000 Two-person: \$2,000 Family: \$3,000 Out-of-network: Individual: \$2,000 Two-person: \$4,000 Family: \$6,000
Annual out-of-pocket maximum	In-network: Individual: \$4,000 Family: \$8,000 Out-of-network: Individual: \$8,000 Family: \$24,000	In-network: Individual: \$6,000 Family: \$12,000 Out-of-network: Individual: \$12,000 Family: \$36,000	In-network: Individual: \$4,000 (excludes deductible) Family: \$8,000 (excludes deductible) Out-of-network: Individual: \$6,000 (excludes deductible) Family: \$18,000 (excludes deductible)	In-network: Individual: \$6,000 (excludes deductible) Family: \$12,000 (excludes deductible) Out-of-network: Individual: \$12,000 (excludes deductible) Family: \$36,000 (excludes deductible)
Emergency room	In- and out-of-network: You pay \$350 copay/visit	In- and out-of-network: You pay \$550 copay/visit	In- and out-of-network: You pay \$250 copay/visit after deductible is satisfied	In- and out-of-network: You pay \$300 copay/visit after deductible is satisfied
Maternity — in-hospital delivery services	In-network: You pay \$750 – \$1,500 copay/stay Out-of-network: You pay \$4,500 copay/stay	In-network: You pay \$1,500 – \$3,000 copay/stay Out-of-network: You pay \$9,000 copay/stay	In-network: Plan pays 85% after deductible is satisfied Out-of-network: Plan pays 60% after deductible is satisfied and you pay \$300 copay/admission	In-network: Plan pays 75% after deductible is satisfied and you pay \$500 copay/admission Out-of-network: Plan pays 50% after deductible is satisfied and you pay \$700 copay/admission

	Surest Enhanced ¹	Surest Standard ¹	UHC Enhanced ²	UHC Standard ²
Medical³				
Office visit — primary care physician	In-network: You pay \$20 – \$105 copay/visit Out-of-network: You pay \$220 copay/visit	In-network: You pay \$40 – \$150 copay/visit Out-of-network: You pay \$220 copay/visit	In-network: You pay \$30 copay/visit after deductible is satisfied Out-of-network: Plan pays 60% after deductible is satisfied	In-network: You pay \$35 copay/visit after deductible is satisfied Out-of-network: Plan pays 50% after deductible is satisfied
Office visit — specialist	In-network: You pay \$20 – \$105 copay/visit Out-of-network: You pay \$220 copay/visit	In-network: You pay \$40 – \$150 copay/visit Out-of-network: You pay \$220 copay/visit	In-network: You pay \$40 copay/visit after deductible is satisfied Out-of-network: Plan pays 60% after deductible is satisfied	In-network: You pay \$60 copay/visit after deductible is satisfied Out-of-network: Plan pays 50% after deductible is satisfied
Office visit — mental health	In-network: You pay \$20 copay/visit Out-of-network: You pay \$40 copay/visit	In-network: You pay \$40 copay/visit Out-of-network: You pay \$80 copay/visit	In-network: You pay \$30 copay/visit after deductible is satisfied Out-of-network: Plan pays 60% after deductible is satisfied	In-network: You pay \$35 copay/visit after deductible is satisfied Out-of-network: Plan pays 50% after deductible is satisfied
Surgery – in-office, outpatient or inpatient	In-network: You pay up to \$3,000 copay Out-of-network: You pay up to \$7,000 copay	In-network: You pay up to \$4,500 copay Out-of-network: You pay up to \$11,000 copay	In-network: Plan pays 85% after deductible is satisfied Out-of-network: Plan pays 60% after deductible is satisfied	In-network: In-office or outpatient: Plan pays 75% after deductible is satisfied and you pay applicable copay Inpatient: Plan pays 75% after deductible is satisfied Out-of-network: Plan pays 50% after deductible is satisfied
Urgent care	In-network: You pay \$75 copay/visit Out-of-network: You pay \$225 copay/visit	In-network: You pay \$125 copay/visit Out-of-network: You pay \$375 copay/visit	In-network: You pay \$75 copay/visit after deductible is satisfied Out-of-network: Plan pays 60% after deductible is satisfied	In-network: You pay \$100 copay/visit after deductible is satisfied Out-of-network: Plan pays 50% after deductible is satisfied

	Surest Enhanced ¹	Surest Standard ¹	UHC Enhanced ²	UHC Standard ²
Prescription drugs^{3,4}				
Annual out-of-pocket limit	In-network: Individual: \$4,000 Family: \$8,000 Out-of-network: Not applicable	In-network: Individual: \$4,150 Family: \$8,300 Out-of-network: Not applicable	In-network: Individual: \$4,000 Family: \$8,000 Out-of-network: Not applicable	In-network: Individual: \$4,150 Family: \$8,300 Out-of-network: Not applicable
Retail (up to a 30-day supply)	In-network: Generic: You pay \$20 copay Preferred brand: You pay \$90 copay Nonpreferred brand: You pay \$150 copay Out-of-network: Plan pays 60% coinsurance after you pay separate deductible Individual: \$175 Two-person: \$350 Family: \$525	In-network: You pay \$20 copay for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket minimum of \$30 and maximum of \$150/prescription Out-of-network: Plan pays 50% coinsurance after you pay separate deductible Individual: \$225 Two-person: \$450 Family: \$675	In-network: Generic: You pay \$20 copay Preferred brand: You pay \$90 copay Nonpreferred brand: You pay \$150 copay Out-of-network: Plan pays 60% coinsurance after you pay separate deductible Individual: \$175 Two-person: \$350 Family: \$525	In-network: You pay \$20 copay for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket minimum of \$30 and maximum of \$150/prescription Out-of-network: Plan pays 50% coinsurance after you pay separate deductible Individual: \$225 Two-person: \$450 Family: \$675
Mail order — in-network (up to a 90-day supply)	Generic: You pay \$50 copay Preferred brand: You pay \$225 copay Nonpreferred brand: You pay \$375 copay	You pay \$50 copay for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket minimum of \$75 and maximum of \$375/prescription	Generic: You pay \$50 copay Preferred brand: You pay \$225 copay Nonpreferred brand: You pay \$375 copay	You pay \$50 copay for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket minimum of \$75 and maximum of \$375/prescription

¹When medical services are received from a non-network provider, eligible expenses are an amount negotiated by UHC, a specific amount required by law (when required by law) or an amount UHC has determined is typically accepted by a healthcare provider for the same or similar service.

²Where coverage is expressed as a percentage for the medical services shown, it is a percentage of the provider's contracted rate for in-network services. When medical services are received from a non-network provider, eligible expenses are an amount negotiated by UHC, a specific amount required by law (when required by law) or an amount UHC has determined is typically accepted by a healthcare provider for the same or similar service.

³The deductibles and out-of-pocket maximums for the prescription drug program are separate from the deductibles and/or out-of-pocket maximums for Surest and UHC medical coverage.

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

REMINDER

You have the option to choose how you prefer to receive communications from the Nokia Benefits Resource Center.

Log on to the YBR website, select the profile icon at the top right of the page and then “Manage Communications.” Scroll down to the “Delivery Preference” section to choose your preferred method of delivery (electronically or US Postal Service 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 “If you need a copy of your annual open enrollment kit” on page 10.

ADDITIONAL SUPPORT FOR SUREST AND UHC MEMBERS

Starting January 1, 2026, you and your covered family members will have access to two additional healthcare programs:

- > **Virta weight loss and diabetes reversal⁵ program (available through Surest and UHC).**
Combining personalized, expert support from a dedicated care team and digital health tools, Virta can help you sustainably lose weight, reverse diabetes and transform your health.
(Note: This is an enhanced version of the Virta program currently available to Surest members.)
- > **Zerigo Skin Health Program⁶ (available through CVS Caremark).** If you struggle with psoriasis or eczema, Zerigo’s home-based phototherapy treatment program can help you find relief and improve your skin’s appearance. Sign up in 15 minutes or less and a phototherapy device will be shipped directly to you. Treatments are quick, painless and convenient to do whenever you like.

SUREST MEMBERS: INTRODUCING NAVIGUARD® PERSONALIZED ADVOCACY SERVICE FOR HANDLING OUT-OF-NETWORK BILLS

Starting January 1, 2026, UHC’s Naviguard service can help reduce your out-of-network healthcare costs under your Surest medical plan option — at **no additional cost to you**.

Contact Naviguard before paying any out-of-network bills by calling Surest member services and requesting a bill review. Naviguard will check for overcharges and, if needed, negotiate your bill with your provider. (Note that Naviguard is already available to UHC medical plan members.)

⁵Reversal on Virta is defined by reaching HbA1c below 6.5% without the use of diabetes medications beyond metformin. Diabetes and related issues can return if lifestyle changes are not maintained.

⁶The Zerigo Skin Health Program is available through your healthcare benefits as a value-added service. You may have to pay a copay or coinsurance if you see your personal doctor to get a prescription for phototherapy. Prescriptions issued by a CirrusMD clinician, during Zerigo Health’s enrollment process, typically have no copay.

ID NUMBER CHANGE FOR METLIFE DENTAL PLAN PARTICIPANTS

Participants enrolled in dental coverage for 2026 will receive an ID card from MetLife by January 1, 2026. The card will contain a MetLife-assigned ID number that you can use for claims and customer service starting January 1, 2026. Also, starting January 1, 2026, you can no longer use your Nokia employee ID number for claims or customer service. The group information (Nokia 85848) remains the same.

HIGHER ANNUAL CONTRIBUTION LIMITS FOR BOTH FLEXIBLE SPENDING ACCOUNTS

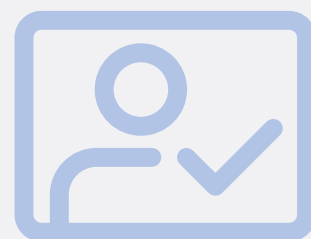
Effective January 1, 2026, the annual contribution limits for the HealthCare Flexible Spending Account (HFSA) and Dependent Care Flexible Spending Account (DFSA) are increasing. For 2026, you may contribute:

- > **HFSA:** Up to \$3,300 per year. **Important:** Be sure you understand the out-of-pocket costs (e.g., copay, deductible or coinsurance amounts, as applicable) you can expect to pay for healthcare services in 2026. Having a good sense of your estimated out-of-pocket healthcare expenses under your 2026 health plan options can help you make an appropriate contribution to your HFSA.
- > **DFSA:** Up to \$6,000 per year. This is **\$1,000 higher** than the current \$5,000 annual contribution limit.

Say “yes” to the FSAs during annual open enrollment and \$ave

Put money you would otherwise spend on taxes back into your wallet. **Enroll (or re-enroll) in an FSA during annual open enrollment!**

FSAs let you save on taxes and on planned healthcare and/or dependent care expenses. You contribute pre-tax dollars to an FSA through convenient payroll deductions. This lowers your taxable income, so you automatically pay less in taxes. Your tax savings will be equal to the taxes you would have paid on the money you have contributed.



- > **Use the HFSA** for to pay for eligible out-of-pocket healthcare (medical, prescription drug, dental and vision) expenses — like copays, deductibles and coinsurance — as well as hundreds of over-the-counter medicines and healthcare items. **Tip:** Your entire HFSA annual contribution is available as soon as your first contribution is posted to your account in January.
- > **Use the DFSA** to pay for eligible child care and/or elder care expenses that let you and your spouse (if applicable) work, find work or attend school full-time. **Tip:** If you are paying for dependent care, you probably have a good idea of your costs for the coming year. Enroll in the Dependent Care FSA and guarantee that you will get a tax break on expenses you know you will have.

Take this opportunity to save. **Remember: To participate in an FSA in 2026, you must enroll (or re-enroll) during annual open enrollment.** FSA contribution elections **do not** roll over year-to-year.

How to enroll

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 2026 if you do not take any action during the annual open enrollment period.



Exception: Flexible Spending Account (FSA) elections **do not** roll over year-to-year. You must actively elect to contribute to the FSA(s) during the annual open enrollment period each year.

It is your responsibility to confirm that your 2026 default coverage shown on the YBR website during the annual open enrollment period is the coverage you want for 2026.

Here is how to find your default coverage starting Monday, October 13, 2025.



Visit the YBR website at digital.alight.com/nokia.

- From the home page, select the “Annual Enrollment” tile to go to the “Welcome to Enrollment” page.
- Click the green “Research and Enroll” bar on the right to be taken to “Your Benefits Summary.”
- Under “View, Compare, or Change Your Benefits,” you will see a table that displays your current benefits and next year’s benefits side-by-side.
- Under “Next Year’s Benefits,” you will see the default coverage you will receive if you do not make any changes during the annual open enrollment period.



Alternatively, you may call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) to request that a copy of your default coverage record be sent to you.

- After the welcome message, choose the option for “all other benefit questions.”
- Follow the prompts to authenticate your identity.
- After you hear the “it’s annual enrollment time” message, say “annual enrollment” to reach a representative. You can then request a copy of your default coverage record.

The copy of your default coverage record will be mailed to your address on file within 7 to 10 business days.

Note: 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.

If you need a copy of your annual open enrollment kit

The easiest and most convenient way to access the information you need to enroll continues to be through the YBR website at digital.alight.com/nokia during the annual open enrollment period. However, if you prefer to have a copy of the annual open enrollment kit sent to you, you can make your request through the Nokia Benefits Resource Center. Here is what you need to do:

1. **Starting October 13, 2025**, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).
2. After the welcome message, choose the option for “all other benefit questions.”
3. Follow the prompts to authenticate your identity.
4. After you hear the “it’s annual enrollment time” message, say “annual enrollment” to reach a representative. You can then request a copy of your annual open enrollment kit.

Your annual open enrollment kit will be mailed to your address on file within 7 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.

HOW TO TAKE ACTION

If you decide to change your default coverage and take action during the annual open enrollment period, do it easily **starting at 9:00 a.m., ET, on Monday, October 13, 2025:**

- Through the YBR website at digital.alight.com/nokia or via the Alight Mobile app (see page 13), or
- By calling the Nokia Benefits Resource Center.

Remember: You must take action before Friday, October 24, 2025, at 5:00 p.m., ET. Late enrollments will not be accepted.

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 9),
- Add⁷ or remove dependent(s) from coverage, and/or
- Make any other changes to your health and welfare benefits coverage for 2026, such as making a contribution election for your HFSA and/or DFSA, if eligible.

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.

⁷Make 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.

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. (If necessary, see “Have you forgotten your YBR website User ID and/or password?” on page 12.)

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.
- > **Review your dependent(s) on file for each of your benefit plans** — and make any updates or corrections.
- > **Click “Complete Enrollment”** 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 24, 2025, 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.

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.

If your preferred telephone number — home or mobile — is already on file with the YBR website, a one-time access code will be provided to you by telephone or text message, as applicable. 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 Postal Service mail. **It may take up to 10 days to receive your password through the mail.** (For security purposes, access codes cannot be sent via email.)

Tip: If you have not done so already, add your preferred phone number — home or mobile — to your personal information on file today, as described in the gray box on page 13.

We strongly recommend that you add a mobile phone number to take advantage of additional security and text messaging capabilities — including the ability to quickly reset a forgotten YBR website User ID and/or password or Nokia Benefits Resource Center phone personal identification number (PIN) using a one-time access code that can be sent to your mobile phone via text message. Standard text message rates apply.

Please note: If you have previously elected electronic delivery of benefit communications, adding your mobile phone number to your personal information on YBR will not affect email delivery of those communications. Benefit communications will continue to be sent to your email address on file.

REMINDER

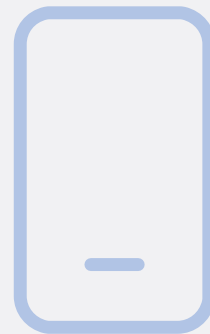
When enrolling dependents, please be sure to review the Nokia Dependent Eligibility Rules at www.benefitanswersplus.com/active_m/ded.html.

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 limit 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.




Planning to call the Nokia Benefits Resource Center? Have your phone personal identification number (PIN) ready!

To access your personalized benefits information or to enroll by phone, you will need your phone PIN. **If you have forgotten your PIN, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) as soon as possible to request a new one.**



> If your preferred telephone number — home or mobile — is already on file with the YBR website, a one-time access code (temporary PIN) will be provided to you by telephone or text message, as applicable, so you can quickly reset your PIN.^{8,9} **We strongly recommend that you add a mobile phone number to your personal information on file to take advantage of text messaging and additional security capabilities.**^{8,9} To add your mobile phone number to your personal information on file:

- **Employees (including those on a leave of absence or Short-Term Disability):** From the Nokia Employee Hub, select “NokiaME,” then “Contact Info” and enter your mobile phone number where indicated. Your personal information in your YBR website profile will be updated within 7 to 10 business days.
- **COBRA participants:** Log on to the YBR website, select the profile icon  at the top right of the page, then “Personal Information” and enter your phone number where indicated.

> If your preferred phone number is not on file, you will need to request that a temporary PIN be sent to you by US Postal Service mail.⁹ **It may take up to 10 days to receive your temporary PIN through the mail.**

⁸Standard text message rates apply.

⁹For security purposes, access codes cannot be sent via email.

Access your benefits and enroll through the Alight Mobile app!

Connect with your Nokia benefits on the YBR website anytime, anywhere through the Alight Mobile app. Use the app to review, manage, enroll in or make changes to your benefits quickly and easily, at your convenience.



To download the Alight Mobile app on your mobile device:

- > Scan the code at the lower left to be directed to the appropriate app store for your device,
- > Go to the [App Store](#) or [Google Play](#) and search for “Alight Mobile,” or
- > Visit alight.com/alight-mobile-app.

Once you have downloaded the app, follow these steps:

- > Open the app, search for “Nokia,” and tap the name.
- > Enter your YBR User ID and password and tap “Sign in” to log on. You are all set!

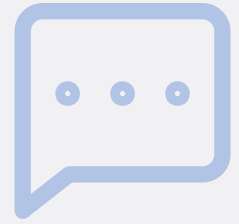
When you need a helping hand, count on the Employee Assistance Program (EAP)

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, marital or family concerns, alcoholism, drug abuse and other personal life issues.

You do not need to be enrolled in the EAP or Nokia's medical coverage to access EAP services. To speak with a counselor, call Magellan at 1-800-327-7348 or visit

Member.MagellanHealthcare.com.



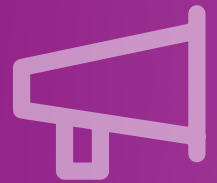
REMINDER

Make sure your dependent life and accidental loss insurance coverage is up to date.

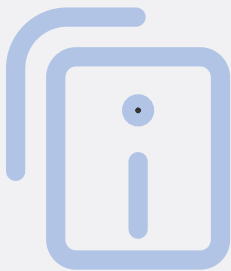
During annual open enrollment, take a moment to review all of your current dependent life and accidental loss insurance coverage elections on the YBR website and make any necessary changes for 2026.

- > **For spouse coverage:** It is your responsibility to elect and maintain coverage only when you are married or in a domestic partnership. It is also your responsibility to cancel coverage when you are no longer married or in a domestic partnership.
- > **For child coverage:** It is your responsibility to elect and maintain coverage only when you have at least one eligible child. It is also your responsibility to cancel coverage when you no longer have any eligible child(ren).

You can view dependent eligibility rules on the YBR website and on the BenefitAnswers Plus website at www.benefitanswersplus.com/active_m/ded.html.



Resources for now and later



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

Your Benefits Resources (YBR) website digital.alight.com/nokia (personalized and password-protected)	BenefitAnswers Plus website www.benefitanswersplus.com (non-personalized — no password required)
<ul style="list-style-type: none">> View your current coverage.> Review and compare your 2026 healthcare options and contribution costs — and enroll online! (October 13, 2025 – October 24, 2025)> Opt out of your 2026 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.	<ul style="list-style-type: none">> See benefit news and updates, including coverage tips and reminders.> Get your enrollment materials.> Find answers to your benefit questions.> View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs).> Find carrier contact information throughout the year.

Note: 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 (TTY 711); 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.

More to come

Visit the BenefitAnswers Plus website in December to see “Get more from your 2026 Nokia benefits” for important reminders and tips. The brochure will be available at www.benefitanswersplus.com/active_m/index.html and www.benefitanswersplus.com/active_m/other_resources.html.



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.

Your Benefits Resources and Alight Smart-Choice Accounts are trademarks of Alight Solutions LLC.

2026-ACTIVE-WC