



2026 enrollment action guide

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

2026-ACTIVE

NOKIA

2026 annual open enrollment period

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

Online 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 11.
- 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.

Prepare to make your benefit decisions by reading the sections below.

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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.

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 7 to find out how to confirm your default coverage starting Monday, October 13, 2025.

Other changes may apply to Kaiser Northern California HMO coverage

The changes in this guide 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 |
|--|---|---|---|---|
| Medical ³ | | | | |
| 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 |
|--|---|---|--|---|
| 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 |


¹ 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.

² Where 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.

³ The 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.

⁴ Where 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 7.

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.)

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.

For more information, see "Flexible Spending Accounts" starting on page 10.

⁵ Reversal 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.

⁶ The 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.

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.

1. 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.

2. 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 11), 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 7),
- 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.

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 9.)

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.

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.

⁷ Make sure your dependents are eligible under the Nokia eligibility rules before you add them to your coverage. You can view eligibility rules on the YBR website. You will be asked to verify the eligibility of the dependent(s) you enroll for coverage.

- **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 orange box on page 14.

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: Make sure your dependent life and dependent 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.

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.

Flexible Spending Accounts

The following section is for participants who are enrolled in, or are eligible to elect, the Health Care Flexible Spending Account (HFSA) and/or Dependent Care Flexible Spending Account (DFSA).

General information

You must actively elect the HFSA and/or DFSA during the annual open enrollment period each year. Elections do not roll over year-to-year. This means that if you do not make a contribution election for the HFSA and/or DFSA during this annual open enrollment period, you will not participate in either or both accounts for 2026.

2026 FSA contribution limits

As noted earlier, you may contribute up to **\$3,300** to an HFSA in 2026, and up to **\$6,000** to a DFSA.

Use it or lose it. You will forfeit any HFSA and/or DFSA balances if not used by the deadline(s) to incur expenses or if fully documented claims are not submitted (postmarked, faxed or uploaded) to Alight Smart-Choice Accounts™ (Smart-Choice Accounts) by the applicable submission deadline(s). These deadlines are summarized below.

Tip: Even if you do not spend and claim reimbursement of your full FSA balance(s) by these deadlines, you will still receive the tax savings from your FSA(s).

Reminder: Estimate your expected 2026 healthcare expenses carefully. Be sure you understand the out-of-pocket costs you can expect to pay for healthcare services. This will help ensure that your HFSA annual contribution election is appropriate to cover your expected out-of-pocket costs.

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.

Keep track of these key FSA dates

For your convenience, the grace period and claims submission deadlines for the 2025 and 2026 FSAs are summarized below.

| Plan year | Grace period ends | Claims filing deadline |
|-------------|-------------------|------------------------|
| HFSA | | |
| 2025 | March 15, 2026 | May 15, 2026 |
| 2026 | March 15, 2027 | May 15, 2027 |
| DFSA | | |
| 2025 | Not applicable | May 15, 2026 |
| 2026 | Not applicable | May 15, 2027 |

Important! You must submit all your fully documented 2025 HFSA and/or DFSA claims to Smart-Choice by May 15, 2026

Do not wait until the last minute to submit your final 2025 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, 2026, no additional documentation will be accepted for incomplete or invalid 2025 claims. This means that:

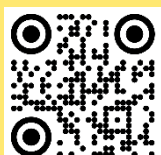
- If you submit a claim on May 15 but the documentation is incomplete or invalid (for example, a receipt is missing or a faxed submission is illegible), the claim will be denied and you will not be reimbursed for your expense.
- However, if you submit a claim on May 15 and all documentation is complete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

For more information

If you have questions about your FSA(s), contact Smart-Choice Accounts via a link on the YBR website or call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) between 9:00 a.m. and 5:00 p.m., ET, Monday through Friday. You can also refer to the *Nokia Flexible Spending Account Plans Plan Document and SPD* on the BenefitAnswers Plus website.

Access your benefits and enroll through the Aight Mobile app!

Connect with your Nokia benefits on the YBR website anytime, anywhere through the Aight 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 Aight 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 “Aight 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!

Important reminders

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

- **Are you dropping a dependent from coverage? Here is what you should know about COBRA.**
 - **COBRA continuation coverage is not offered to dependents removed from coverage during the annual open enrollment period.** If your dependent is experiencing a qualified status change (due to circumstances causing your dependent to no longer be eligible for coverage under the plan) and you remove that dependent from your coverage during the annual open enrollment period, your dependent will not be eligible for COBRA continuation coverage. Instead, if you have a dependent who experiences a qualified status change, for that dependent to be eligible for COBRA continuation coverage, you must report that change through the “Life Events” section on the YBR website (or call the Nokia Benefits Resource Center). **Note:** Typically, you must report all qualified status changes within 31 days of the change occurring.
 - **COBRA continuation coverage is offered to dependents who lose coverage due to reaching the age limit.** Dependents aging out of group health plan eligibility will maintain coverage through the end of the month in which they turn age 26, at which point they will then become eligible for COBRA continuation coverage. If your dependent is aging out, you will receive communications about the loss of coverage and the applicable COBRA paperwork. (Your dependent will also receive the applicable COBRA paperwork.)
- **What you need to know about your medical, prescription drug and/or dental member ID cards:**
 - **Medical and prescription drug:**
 - All Surest medical plan option members will receive new medical plan member ID cards from Surest by January 1, 2026, to use in 2026.
 - All UHC medical plan option members will receive new medical plan member ID cards from UHC by January 1, 2026, to use in 2026.
 - CVS Caremark will not provide current members who re-enroll in or default into the same Surest or UHC medical plan option for 2026 with new prescription drug member ID cards. Please continue to use your current CVS Caremark member ID card in 2026.
 - CVS Caremark will provide new prescription member ID cards by January 1, 2026, to use in 2026, to:
 - ◆ All current Surest and UHC members who enroll in a different Surest or UHC medical plan option for 2026; and
 - ◆ Persons newly enrolling in Surest or UHC medical coverage for 2026.
 - If you have not received your new cards by January 1, 2026, or if you need new cards for yourself or additional cards for your dependents, you may print (or, in the case of Surest and UHC, download a digital copy of) them from the applicable carrier’s website, as shown below. You will need to log on or register to access the websites.
 - ◆ Medical (Surest): Benefits.Surest.com

To see your contribution costs for 2026...

Review the YBR website at digital.alight.com/nokia during the annual open enrollment period.

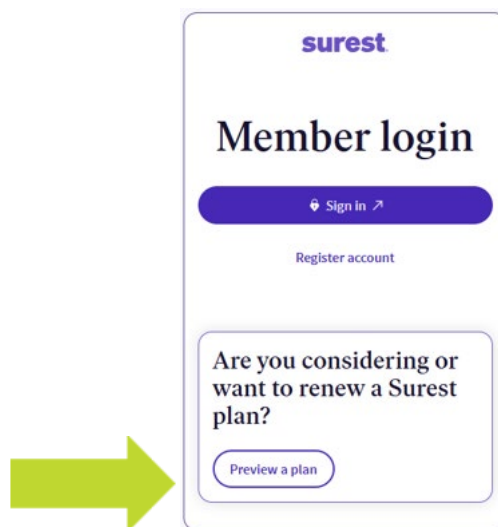
The importance of using your Nokia prescription drug program

Your Nokia prescription drug coverage offers many advantages when filling prescriptions. In addition to ensuring that you are using the lowest-cost drug for your condition, the prescription drug program has safeguards in place to make sure that:

- Your medication is being used correctly and safely for the condition for which it is prescribed;
- You are advised of any side effects of your medication;
- You are advised of any interactions between the medications you are taking;
- You are advised whether the drug may be a high-risk medication for patients ages 65 and older;
- Safe dosing levels of opioids are monitored; and
- Long-term opioid use is minimized.

To learn more, call CVS Caremark at 1-800-240-9623 or visit [Caremark.com](https://www.Caremark.com).

- ◆ Medical (UHC): www.myuhc.com
- ◆ Prescription drug (CVS Caremark): Caremark.com
- For Kaiser HMO coverage, contact Kaiser for any questions about member ID cards. You can find contact information 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>.
- **The Surest and UHC options all use the same UnitedHealthcare Choice Plus Network, except in Maine, Massachusetts and New Hampshire.** In those states, the UHC options use the Harvard Pilgrim network, as noted below.
 - **How to find out if a provider is in-network for your Surest medical option:**
 - Visit Benefits.Surest.com (for both pre-members and current members) and select “Preview a plan” as shown below. (**Current members:** Be sure to log out of your existing Surest account first.) From there, enter access code “Nokia2026” to log in and preview costs and coverage for 2026.




- In the search field under “Find care,” type in your provider’s name or search for a service or care need.
- Remember, you can also identify in-network providers using the YBR website.
- **How to find out if a provider is in-network for your UHC medical option:**
 - On www.myuhc.com, click “Find a Provider,” and then choose the type of provider and your plan. If you live in Maine, Massachusetts or New Hampshire, choose “UnitedHealthcare Choice Plus with Harvard Pilgrim.” If you live in any other state, choose “UnitedHealthcare Choice Plus.”
- **Keep in mind: Healthcare carriers’ contracts with network providers may expire at any time during the year.** You cannot make changes to your medical, dental or FSA coverage and/or add or drop dependents outside of the annual open enrollment period due to these types of changes because they are not considered qualified status change events. Visit the YBR website at digital.alight.com/nokia (select “Life Events”) for more information about qualified status changes.
- **Thinking of opting out of coverage? You have the option to opt out of your Nokia coverage.**
 - When you opt out of Nokia’s medical coverage (which includes prescription drug benefits), you can still keep your Nokia dental coverage, and vice versa.
 - You may be eligible to opt back in to Nokia’s medical and/or dental coverage during a future annual open enrollment period or if you have a qualified status change.

- Even if you opt out of Nokia’s medical plan, you still have access to the plan’s Employee Assistance Program (EAP) coverage.
 - **To get the most from your dental coverage, remember these tools and resources:**
 - **Online tool for locating in-network dentists:** When comparing your dental plan options on the YBR website, click the “Find a Dentist” link to search for in-network providers.
 - **Company code for accessing and managing your dental benefits through MetLife’s MyBenefits:** Sign in to www.metlife.com/mybenefits using the company name “US-Nokia.”
 - **Planning to enroll in voluntary benefits coverage?** Be sure you know when you can — and cannot — enroll.
 - **Vision coverage, legal services and health advisory services:** You may enroll in or drop these voluntary benefits for 2026 **only** during the annual open enrollment period for your voluntary benefits (October 13, 2025 – October 24, 2025).
 - **Identity theft protection services, auto and home insurance, and pet insurance:** You may add or drop coverage in these voluntary benefits anytime during the year.
- To learn more or to enroll, visit www.addedbenefitsaccess.com or call Added Benefits at 1-800-622-6045.
- As a reminder, Nokia does not make any endorsement of or representation regarding any product or service provided under any voluntary benefits program. Note that the enrollment information in this guide does not apply to your voluntary benefits.
- **See the value of your health coverage.** The Affordable Care Act (ACA) requires that employers disclose the value of the employer-provided benefit for health insurance coverage on each participant’s Form W-2. You should expect to receive your 2025 Form W-2 no later than January 31, 2026.



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.**

⁸ Standard text message rates apply.

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

- **You may receive the ACA-required Internal Revenue Service (IRS) Form 1095-C.** The ACA requires that employers provide Form 1095-C to certain (but not all) plan participants each year. The form serves as proof that you met the ACA's requirement for having qualifying healthcare coverage during the year. Employers must provide forms for the 2025 tax year to participants, as applicable, no later than March 2, 2026.
- **Want to see a summary of your health plan option's benefits and coverage?** The ACA requires that employers provide participants with a Summary of Benefits and Coverage (SBC) to compare health plan options when making decisions and enrolling in coverage. SBC(s) for the health plan option(s) for which you are eligible will be available during annual open enrollment on the BenefitAnswers Plus website at www.benefitanswersplus.com and the YBR website at digital.alight.com/nokia. SBCs for the Surest health plan options will also be available at Benefits.Surest.com (for pre-members and members). Select "Preview a plan" and use access code "Nokia 2026". The SBC can be found under the "Plan information" section.
- **Basic Life Insurance and Basic Accidental Death and Dismemberment (AD&D) Insurance coverage may be subject to reductions based on age or other plan provisions.** For details, please refer to the appropriate Summary Plan Description (SPD) on the BenefitAnswers Plus website at www.benefitanswersplus.com.
- **Be sure your beneficiaries are up to date.** Take care of the people who matter most. Use this annual open enrollment opportunity to review, add or update your beneficiary designation(s) while you are on the YBR website as follows:
 - **For life insurance:** Complete MetLife's online beneficiary designation process. You can either:
 - Visit the YBR website at digital.alight.com/nokia. Select the profile icon  at the top right of the page, then select "Beneficiaries" and then select "View/update your life insurance beneficiary designations" 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.
 - **For the savings plan:** Log on to the YBR website at 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).
- **Review your permanent address on file.** As a reminder, the Nokia Benefits Resource Center recognizes your permanent address on file as your mailing address. That address also determines your eligibility for some benefit plan options. To update your address with the Nokia Benefits Resource Center, use one of the following venues:
 - **Active employees (including employees on a leave of absence or Short-Term Disability):** MyHRPortal
 - **COBRA participants:** Call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711)
- **The following materials are available on the BenefitAnswers Plus website:**
 - **The most current Summary Plan Descriptions (SPDs).** SPDs are summaries of the Nokia benefits offered to eligible participants under the applicable benefit plan. They are provided for informational purposes and are intended to comply with Department of Labor requirements. You can find these summaries and any applicable Summaries of Material Modifications (SMMs) on the BenefitAnswers Plus website at www.benefitanswersplus.com.
 - **The Nokia Health Plans' Notice of Privacy Practices.** Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Nokia health plans are required to provide you with a notice about their privacy practices, their legal duties and your rights concerning your health information. You can find this notice among your annual open enrollment materials on the BenefitAnswers Plus website at www.benefitanswersplus.com.

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.

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