



# Benefits at-a-glance and resource contact information 2026

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

2026-BAAG2-ACTIVE\_295339

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 [digital.alight.com/nokia](https://digital.alight.com/nokia) or via the Alight Mobile app (to download, go to the App Store or Google Play and search for “Alight Mobile”); 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 2026 Nokia medical and dental plan options applicable to eligible individuals covered under the US active employee plan design. 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 [digital.alight.com/nokia](https://digital.alight.com/nokia) or via the Alight Mobile app; 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 the Kaiser Northern California HMO?

Information about the Kaiser Health Maintenance Organization (HMO) is not shown in these tables. To review and print specific details for the Kaiser HMO, visit the YBR website at [digital.alight.com/nokia](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 Kaiser directly. You can find carrier contact information on page 23 of this guide. Or, if you are currently enrolled, check the back of your Kaiser member ID card. **Please note:** The Kaiser website has a new address: <https://choose.kp.org/nokia>.

### 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.

You do not need to be enrolled in the EAP or in Nokia medical coverage to access EAP services. To speak with a counselor, call Magellan at 1-800-327-7348 or visit [Member.MagellanHealthcare.com](https://Member.MagellanHealthcare.com).

# Medical

## Surest plan options

Please note: For the Surest medical services shown in the table below and on the following pages, you will see a copayment (copay) assigned for the covered health service.

- If you use an in-network provider, you will pay lower copays and the provider will not charge you any additional fees.
- 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.

	Surest Enhanced		Surest Standard	
	In-network	Out-of-network	In-network	Out-of-network
Overall provisions				
Choice of doctors	Select from within a network of medical providers	Select any medical provider	Select from within a network of medical providers	Select any medical provider
Annual medical deductible	\$0	\$0	\$0	\$0
Coinsurance (Plan paid)	100%	100%	100%	100%
Medical annual out-of-pocket limit	Individual: \$4,000 Family: \$8,000	Individual: \$8,000 Family: \$24,000	Individual: \$6,000 Family: \$12,000	Individual: \$12,000 Family: \$36,000
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.			
Copays for covered services				
Acupuncture Limited to 30 visits/person/ plan year	You pay \$50 copay/visit	You pay \$150 copay/visit	You pay \$70 copay/visit	You pay \$175 copay/visit
Ambulance services (air and ground) — emergency	You pay \$210 copay/transport	You pay \$210 copay/transport	You pay \$330 copay/transport	You pay \$330 copay/transport
Ambulance services (air and ground) — nonemergency	You pay \$210 copay/transport	You pay \$210 copay/transport	You pay \$330 copay/transport	You pay \$330 copay/transport
Anesthesia	You pay \$0 copay	You pay \$0 copay	You pay \$0 copay	You pay \$0 copay

	Surest Enhanced		Surest Standard	
	In-network	Out-of-network	In-network	Out-of-network
<b>Autism spectrum disorder services</b>	<b>Virtual:</b> You pay \$20 copay/visit <b>Outpatient (home/office):</b> You pay \$20 copay/visit <b>Outpatient (facility):</b> You pay \$110 copay/visit <b>Inpatient:</b> You pay \$1,600 copay/stay	<b>Virtual visit:</b> Not covered <b>Outpatient (home/office):</b> You pay \$160 copay/visit <b>Outpatient (facility):</b> You pay \$330 copay/visit <b>Inpatient:</b> You pay \$4,800 copay/stay	<b>Virtual:</b> You pay \$40 copay/visit <b>Outpatient (home/office):</b> You pay \$40 copay/visit <b>Outpatient (facility):</b> You pay \$180 copay/visit <b>Inpatient:</b> You pay \$2,700 copay/stay	<b>Virtual visit:</b> Not covered <b>Outpatient (home/office):</b> You pay \$80 copay/visit <b>Outpatient (facility):</b> You pay \$540 copay/visit <b>Inpatient:</b> You pay \$8,100 copay/stay
<b>Birth control</b> (prescription birth control or medication only)	See "Coverage through the CVS Caremark prescription drug program" on page 14.			
<b>Birthing center</b>	You pay \$750 – \$1,500 copay/stay	You pay \$4,500 copay/stay	You pay \$1,500 – \$3,000 copay/stay	You pay \$9,000 copay/stay
<b>Blood and blood derivatives</b>	<b>Outpatient and inpatient:</b> You pay \$175 – \$875 copay/visit	<b>Outpatient and inpatient:</b> You pay \$2,625 copay/visit	<b>Outpatient and inpatient:</b> You pay \$400 – \$1,600 copay/visit	<b>Outpatient and inpatient:</b> You pay \$4,800 copay/visit
<b>Cardiac rehabilitation</b> (phase three maintenance not covered)	You pay \$60 copay/visit	You pay \$180 copay/visit	You pay \$100 copay/visit	You pay \$300 copay/visit
<b>Chemotherapy</b>	You pay \$25 – \$650 copay/visit	You pay up to \$1,950 copay/visit	You pay \$70 – \$700 copay/visit	You pay up to \$2,100 copay/visit
<b>Chiropractic</b> Limited to 30 visits/person/plan year	You pay \$25 copay/visit	You pay \$75 copay/visit	You pay \$35 copay/visit	You pay \$80 copay/visit
<b>Colonoscopy — preventive and diagnostic</b>	<b>Preventive and diagnostic:</b> You pay \$0 copay/visit	<b>Preventive:</b> You pay \$160 copay/visit <b>Diagnostic:</b> You pay \$2,950 copay/visit	<b>Preventive and diagnostic:</b> You pay \$0 copay/visit	<b>Preventive:</b> You pay \$220 copay/visit <b>Diagnostic:</b> You pay \$2,950 copay/visit
<b>Dental services — accident only</b>	<b>Office:</b> You pay \$20 – \$105 copay/visit <b>Outpatient:</b> You pay \$35 – \$3,000 copay/visit <b>Inpatient:</b> You pay \$200 – \$3,000 copay/visit	<b>Office:</b> You pay \$220 copay/visit <b>Outpatient:</b> You pay up to \$7,000 copay/visit <b>Inpatient:</b> You pay up to \$7,000 copay/visit	<b>Office:</b> You pay \$40 – \$150 copay/visit <b>Outpatient:</b> You pay \$70 – \$4,500 copay/visit <b>Inpatient:</b> You pay \$600 – \$4,500 copay/visit	<b>Office:</b> You pay \$220 copay/visit <b>Outpatient:</b> You pay up to \$11,000 copay/visit <b>Inpatient:</b> You pay up to \$11,000 copay/visit
<b>Diabetes self-management items</b>	You pay \$0 – \$1,000 copay for diabetic supplies	You pay up to \$2,000 copay for diabetic supplies	You pay \$0 – \$1,000 copay for diabetic supplies	You pay up to \$2,000 copay for diabetic supplies
<b>Durable medical equipment</b>	You pay \$0 – \$1,000 copay	You pay up to \$2,000 copay	You pay \$0 – \$1,000 copay	You pay up to \$2,000 copay

	Surest Enhanced		Surest Standard	
	In-network	Out-of-network	In-network	Out-of-network
<b>Emergency room — emergency use</b>	You pay \$350 copay/visit (waived if admitted within 24 hours)	You pay \$350 copay/visit (waived if admitted within 24 hours)	You pay \$550 copay/visit (waived if admitted within 24 hours)	You pay \$550 copay/visit (waived if admitted within 24 hours)
<b>Emergency room — nonemergency use</b>	You pay \$350 copay/visit	You pay \$350 copay/visit	You pay \$550 copay/visit	You pay \$550 copay/visit
<b>Fertility services</b>	Plan pays \$100 – \$1,500 copay/service; for a list of covered services and copays, see the Summary Plan Description at <a href="http://www.benefitsanswersplus.com/active_m/spd.html">www.benefitsanswersplus.com/active_m/spd.html</a>	Not covered	Plan pays \$100 – \$1,500 copay/service; for a list of covered services and copays, see the Summary Plan Description at <a href="http://www.benefitsanswersplus.com/active_m/spd.html">www.benefitsanswersplus.com/active_m/spd.html</a>	Not covered
<b>Habilitative and rehabilitation services</b>  Each type of therapy is limited to 100 visits/person/plan year; not combined with other therapies; in- and out-of-network combined	You pay \$10 – \$140 copay/visit	You pay up to \$240 copay/visit	You pay \$20 – \$200 copay/visit	You pay up to \$330 copay/visit
<b>Hearing aids</b>	You pay \$0 copay; plan pays a maximum of \$5,000 every 36 months for in- and out-of-network providers combined			
<b>Home healthcare</b> 100-visit limit/person/plan year; in- and out-of-network combined	You pay \$60 copay/visit	You pay \$180 copay/visit	You pay \$80 copay/visit	You pay \$240 copay/visit
<b>Hospice care</b>	<b>Home:</b> You pay \$60 copay/visit <b>Inpatient:</b> You pay \$2,000 copay/stay	<b>Home:</b> You pay \$180 copay/visit <b>Inpatient:</b> You pay \$6,000 copay/stay	<b>Home:</b> You pay \$80 copay/visit <b>Inpatient:</b> You pay \$3,500 copay/stay	<b>Home:</b> You pay \$240 copay/visit <b>Inpatient:</b> You pay \$10,500 copay/stay
<b>Inpatient hospitalization</b>	You pay \$200 – \$3,000 copay/stay	You pay \$4,800 – \$7,000 copay/stay	You pay \$600 – \$4,500 copay/stay	You pay \$7,450 – \$11,000 copay/stay
<b>Maternity</b> (office visits [pre/postnatal], in-hospital delivery services)	<b>Office visits (pre/postnatal):</b> You pay \$0 copay/visit <b>In-hospital delivery services:</b> You pay \$750 – \$1,500 copay/stay	<b>Office visits (pre/postnatal):</b> You pay \$160 copay/visit <b>In-hospital delivery services:</b> You pay \$4,500 copay/stay	<b>Office visits (pre/postnatal):</b> You pay \$0 copay/visit <b>In-hospital delivery services:</b> You pay \$1,500 – \$3,000 copay/stay	<b>Office visits (pre/postnatal):</b> You pay \$220 copay/visit <b>In-hospital delivery services:</b> You pay \$9,000 copay/stay
<b>Medical infusions</b>	You pay \$40 – \$2,600 copay/visit	You pay up to \$7,000	You pay \$75 – \$3,900 copay/visit	You pay up to \$11,000

	Surest Enhanced		Surest Standard	
	In-network	Out-of-network	In-network	Out-of-network
<b>Mental health and chemical dependency</b>	<b>Virtual:</b> You pay \$20 – \$60 copay/visit <b>Outpatient (home/office):</b> You pay \$20 copay/visit <b>Outpatient (facility):</b> You pay \$110 copay/visit <b>Inpatient:</b> You pay \$1,600 copay/stay	<b>Virtual visit:</b> Not covered <b>Outpatient (home/office):</b> You pay \$40 copay/visit <b>Outpatient (facility):</b> You pay \$330 copay/visit <b>Inpatient:</b> You pay \$4,800 copay/stay	<b>Virtual visit:</b> You pay \$40 – \$100 copay/visit <b>Outpatient (home/office):</b> You pay \$40 copay/visit <b>Outpatient (facility):</b> You pay \$180 copay/visit <b>Inpatient:</b> You pay \$2,700 copay/stay	<b>Virtual visit:</b> Not covered <b>Outpatient (home/office):</b> You pay \$80 copay/visit <b>Outpatient (facility):</b> You pay \$540 copay/visit <b>Inpatient:</b> You pay \$8,100 copay/stay
<b>Outpatient lab/X-ray/ultrasound/complex imaging</b>	<b>Routine diagnostic test:</b> You pay \$0 copay <b>Non-routine diagnostic test:</b> You pay \$20 – \$1,300 copay/visit <b>Complex imaging:</b> You pay \$100 – \$1,400 copay/visit	<b>Routine diagnostic test:</b> You pay \$0 copay <b>Non-routine diagnostic test:</b> You pay up to \$3,150 copay/visit <b>Complex imaging:</b> You pay up to \$4,200 copay/visit	<b>Routine diagnostic test:</b> You pay \$0 copay <b>Non-routine diagnostic test:</b> You pay \$35 – \$1,850 copay/visit <b>Complex imaging:</b> You pay \$150 – \$2,400 copay/visit	<b>Routine diagnostic test:</b> You pay \$0 copay <b>Non-routine diagnostic test:</b> You pay up to \$3,150 copay/visit <b>Complex imaging:</b> You pay up to \$5,850 copay/visit
<b>Physician hospital visits and consultations</b>	You pay \$0 copay	You pay \$0 copay	You pay \$0 copay	You pay \$0 copay
<b>Physician visits</b> (primary care physician [PCP] office visits, specialist office visits, urgent care center visits and virtual visits) (non-preventive)	<b>PCP and specialist:</b> You pay \$20 – \$105 copay/visit <b>Urgent care center:</b> You pay \$75 copay/visit <b>Virtual visit (urgent and acute care and primary care):</b> You pay \$0 copay/visit <b>Virtual visit (specialty):</b> You pay \$0 – \$105 copay/visit	<b>PCP and specialist:</b> You pay \$220 copay/visit <b>Urgent care center:</b> You pay \$225 copay/visit <b>Virtual visit:</b> Not covered	<b>PCP and specialist:</b> You pay \$40 – \$150 copay/visit <b>Urgent care center:</b> You pay \$125 copay/visit <b>Virtual visit (urgent and acute care and primary care):</b> You pay \$0 copay/visit <b>Virtual visit (specialty):</b> You pay \$0 – \$150 copay/visit	<b>PCP and specialist:</b> You pay \$220 copay/visit <b>Urgent care center:</b> You pay \$375 copay/visit <b>Virtual visit:</b> Not covered
<b>Podiatrist</b>	<b>Office:</b> You pay \$20 – \$105 copay/visit	<b>Office:</b> You pay \$220 copay/visit	<b>Office:</b> You pay \$40 – \$150 copay/visit	<b>Office:</b> You pay \$220 copay/visit
<b>Private duty nursing</b>	You pay \$60 copay/visit	You pay \$180 copay/visit	You pay \$80 copay/visit	You pay \$240 copay/visit
<b>Prosthetic devices</b>	You pay \$0 – \$1,000 copay	You pay up to \$2,000 copay	You pay \$0 – \$1,000 copay	You pay up to \$2,000 copay
<b>Radiation therapy</b>	You pay \$15 – \$2,100 copay	You pay up to \$6,300 copay	You pay \$20 – \$3,700 copay	You pay up to \$11,000 copay
<b>Second surgical opinion</b>	You pay \$0 through 2nd.MD	Not covered	You pay \$0 through 2nd.MD	Not covered
<b>Skilled nursing facility</b> 100-day limit/person/plan year; in- and out-of-network combined	You pay \$1,600 copay/stay	You pay \$4,800 copay/stay	You pay \$2,700 copay/stay	You pay \$8,100 copay/stay



	Surest Enhanced		Surest Standard	
	In-network	Out-of-network	In-network	Out-of-network
<b>Smoking deterrents</b> (prescription only)	See “Coverage through the CVS Caremark prescription drug program” on page 14.			
<b>Surgery — in-office or outpatient</b>	You pay \$35 – \$3,000 copay	You pay up to \$7,000 copay	You pay \$70 – \$4,500 copay	You pay up to \$11,000 copay
<b>Surgery — inpatient</b>	You pay \$200 – \$3,000 copay	You pay up to \$7,000 copay	You pay \$600 – \$4,500 copay	You pay up to \$11,000 copay
<b>Wigs</b> Limited to one wig per plan year	You pay \$0 – \$1,000 copay	You pay up to \$2,000 copay	You pay \$0 – \$1,000 copay	You pay up to \$2,000 copay
<b>Preventive care</b>				
<b>Routine physical exams</b>	You pay \$0 copay/visit	You pay \$160 copay/visit	You pay \$0 copay/visit	You pay \$220 copay/visit
<b>Well-child care</b> (including immunizations)	You pay \$0 copay/visit	You pay \$160 copay/visit	You pay \$0 copay/visit	You pay \$220 copay/visit
<b>Well-woman care</b> (ob-gyn exam)	You pay \$0 copay/visit	You pay \$160 copay/visit	You pay \$0 copay/visit	You pay \$220 copay/visit
<b>Mammogram screening</b>	You pay \$0 copay/visit	You pay \$160 copay/visit	You pay \$0 copay/visit	You pay \$220 copay/visit
<b>Pap smear</b> (in doctor’s office)	You pay \$0 copay/visit	You pay \$160 copay/visit	You pay \$0 copay/visit	You pay \$220 copay/visit
<b>Digital rectal exam and blood test for PSA</b> (in doctor’s office — prostate cancer screening for men age 50 and older)	You pay \$0 copay/visit	You pay \$160 copay/visit	You pay \$0 copay/visit	You pay \$220 copay/visit
<b>Newborn in-hospital care</b>	You pay \$0 copay/visit	You pay \$160 copay/visit	You pay \$0 copay/visit	You pay \$220 copay/visit
<b>Other important information about your medical coverage</b>				
<b>Are you responsible for charges in excess of the allowable amount?</b>	Not applicable	Not applicable	Not applicable	Not applicable
<b>Who is responsible for prior authorization?</b>	Your provider	You	Your provider	You
<b>What is the penalty for failure to obtain prior authorization?</b>	Your provider will be responsible for 100% of the billed amount	You will be responsible for 100% of the billed amount	Your provider will be responsible for 100% of the billed amount	You will be responsible for 100% of the billed amount
<b>Do you have to file claim forms?</b>	No	Yes	No	Yes
<b>Are Centers of Excellence available?</b>	Transplant Resource Services	Not covered	Transplant Resource Services	Not covered



## UnitedHealthcare® (UHC) plan options

Please note: For the medical 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 UHC Enhanced and UHC Standard 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.

Feature	UHC Enhanced		UHC Standard	
	In-network	Out-of-network	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 medical providers	Select any medical provider
Annual deductible	Individual: \$500 Two-person: \$1,000 Family: \$1,500	Individual: \$1,500 Two-person: \$3,000 Family: \$4,500	In-network: Individual: \$1,000 Two-person: \$2,000 Family: \$3,000	Individual: \$2,000 Two-person: \$4,000 Family: \$6,000
Annual out-of-pocket maximum	Individual: \$4,000 (excludes deductible) Family: \$8,000 (excludes deductible)	Individual: \$6,000 (excludes deductible) Family: \$18,000 (excludes deductible)	Individual: \$6,000 (excludes deductible) Family: \$12,000 (excludes deductible)	Individual: \$12,000 (excludes deductible) Family: \$36,000 (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.			
Copay/coinsurance for covered services				
Acupuncture	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied; limited to 30 visits/year	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied; limited to 30 visits/year
Ambulance services (air and ground) — emergency	Plan pays 85% after deductible is satisfied	Plan pays 85% after deductible is satisfied	Plan pays 75% after deductible is satisfied	Plan pays 75% after deductible is satisfied
Ambulance services (air and ground) — nonemergency	Plan pays 85% after deductible is satisfied	Plan pays 85% after deductible is satisfied	Plan pays 75% after deductible is satisfied	Plan pays 75% after deductible is satisfied
Anesthesia	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied
Autism spectrum disorder services	Inpatient: Plan pays 85% after deductible is satisfied  Outpatient: You pay \$30 copay/visit after deductible is satisfied	Inpatient: Plan pays 60% after deductible is satisfied and you pay \$300 copay/admission  Outpatient: Plan pays 60% after deductible is satisfied	Inpatient: Plan pays 75% after deductible is satisfied and you pay \$500 copay/admission  Outpatient: You pay \$35 copay/visit after deductible is satisfied	Inpatient: Plan pays 50% after deductible is satisfied and you pay \$700 copay/admission  Outpatient: Plan pays 50% after deductible is satisfied

Feature	UHC Enhanced		UHC Standard	
	In-network	Out-of-network	In-network	Out-of-network
<b>Birth control</b> (prescription birth control or medication only)	See "Coverage through the CVS Caremark prescription drug program" on page 14.			
<b>Birth center</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied and you pay \$300 copay/admission	Plan pays 50% after deductible is satisfied
<b>Blood and blood derivatives</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied
<b>Cardiac rehabilitation</b> (phase three maintenance not covered)	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied
<b>Chemotherapy</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied
<b>Chiropractic</b>	You pay \$40 copay/visit after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 60% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	You pay \$60 copay/visit after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 50% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)
<b>Colonoscopy — preventive and diagnostic</b>	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
<b>Dental services — accident only</b>	Plan pays 100% after deductible is satisfied and you pay \$30 PCP/\$40 specialist copay/visit	Plan pays 60% after deductible is satisfied	Plan pays 100% after deductible is satisfied and you pay \$35 PCP/\$60 specialist copay/visit	Plan pays 50% after deductible is satisfied
<b>Diabetes self-management items</b>	<b>Equipment:</b> Plan pays 85% after deductible is satisfied <b>Supplies:</b> Provided under the prescription drug program	<b>Equipment:</b> Plan pays 60% after deductible is satisfied <b>Supplies:</b> Provided under the prescription drug program	<b>Equipment:</b> Plan pays 75% after deductible is satisfied <b>Supplies:</b> Provided under the prescription drug program	<b>Equipment:</b> Plan pays 50% after deductible is satisfied <b>Supplies:</b> Provided under the prescription drug program
<b>Durable medical equipment</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied
<b>Emergency room — emergency use</b>	Plan pays 100% after deductible is satisfied and you pay \$250 copay (copay waived if admitted)	Plan pays 100% after deductible is satisfied and you pay \$250 copay (copay waived if admitted)	Plan pays 100% after deductible is satisfied and you pay \$300 copay (copay waived if admitted)	Plan pays 100% after deductible is satisfied and you pay \$300 copay (copay waived if admitted)
<b>Emergency room — nonemergency use</b>	Plan pays 100% after deductible is satisfied and you pay \$250 copay	Plan pays 100% after deductible is satisfied and you pay \$250 copay	Plan pays 100% after deductible is satisfied and you pay \$300 copay	Plan pays 100% after deductible is satisfied and you pay \$300 copay

Feature	UHC Enhanced		UHC Standard	
	In-network	Out-of-network	In-network	Out-of-network
<b>Habilitative and rehabilitation services</b> (outpatient physical, occupational, speech, pulmonary)	<b>Physical, occupational, speech and pulmonary rehabilitation:</b> You pay \$40 copay/visit after deductible is satisfied	Plan pays 60% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise	<b>Physical, occupational, speech and pulmonary rehabilitation:</b> You pay \$60 copay/visit after deductible is satisfied	Plan pays 50% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise
<b>Hearing aids</b>	\$2,500 allowance every 36 months after deductible is satisfied (in- and out-of-network combined)	\$2,500 allowance every 36 months after deductible is satisfied (in- and out-of-network combined)	\$2,500 allowance every 36 months after deductible is satisfied (in- and out-of-network combined)	\$2,500 allowance every 36 months after deductible is satisfied (in- and out-of-network combined)
<b>Home healthcare</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied; limited to 100 visits/year	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied; limited to 100 visits/year
<b>Hospice care</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied
<b>Inpatient hospitalization</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied and you pay \$300 copay/admission	Plan pays 75% after deductible is satisfied and you pay \$500 copay/admission	Plan pays 50% after deductible is satisfied and you pay \$700 copay/admission
<b>Maternity</b> (office visits [pre/postnatal], in-hospital delivery services)	<b>Office visits:</b> Plan pays 85% after deductible is satisfied and you pay first office copay <b>In-hospital delivery services:</b> Plan pays 85% after deductible is satisfied	<b>Office visits:</b> Plan pays 60% after deductible is satisfied <b>In-hospital delivery services:</b> Plan pays 60% after deductible is satisfied and you pay \$300 copay/admission	<b>Office visits:</b> Plan pays 75% after deductible is satisfied and you pay first office copay <b>In-hospital delivery services:</b> Plan pays 75% after deductible is satisfied and you pay \$500 copay/admission	<b>Office visits:</b> Plan pays 50% after deductible is satisfied <b>In-hospital delivery services:</b> Plan pays 50% after deductible is satisfied and you pay \$700 copay/admission
<b>Mental health and chemical dependency</b>	<b>Inpatient:</b> Plan pays 85% after deductible is satisfied <b>Outpatient:</b> You pay \$30 copay/visit after deductible is satisfied	<b>Inpatient:</b> Plan pays 60% after deductible is satisfied and you pay \$300 copay/admission <b>Outpatient:</b> Plan pays 60% after deductible is satisfied	<b>Inpatient:</b> Plan pays 75% after deductible is satisfied and you pay \$500 copay/admission <b>Outpatient:</b> You pay \$35 copay/visit after deductible is satisfied	<b>Inpatient:</b> Plan pays 50% after deductible is satisfied and you pay \$700 copay/admission <b>Outpatient:</b> Plan pays 50% after deductible is satisfied
<b>Nutritional counseling</b>	You pay \$40 copay/visit after deductible is satisfied	Not covered	You pay \$60 copay/visit after deductible is satisfied	Not covered
<b>Outpatient lab/X-ray</b>	After deductible is satisfied, Plan pays 100% for minor services, 85% for major services	Plan pays 60% after deductible is satisfied	After deductible is satisfied, Plan pays 100% for minor services, 75% for major services	Plan pays 50% after deductible is satisfied
<b>Physician hospital visits and consultations</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied

Feature	UHC Enhanced		UHC Standard	
	In-network	Out-of-network	In-network	Out-of-network
<b>Physician visits</b> (virtual visits, primary care physician [PCP] office visits, specialist office visits and urgent care center visits) (non-preventive)	<b>Virtual visit:</b> You pay \$10 copay/visit <b>PCP:</b> You pay \$30 copay/visit after deductible is satisfied <b>Specialist:</b> You pay \$40 copay/visit after deductible is satisfied <b>Urgent care center:</b> You pay \$75 copay/visit after deductible is satisfied	<b>Virtual visit:</b> Not covered <b>PCP, specialist and urgent care center:</b> Plan pays 60% after deductible is satisfied	<b>Virtual visit:</b> You pay \$20 copay/visit <b>PCP:</b> You pay \$35 copay/visit after deductible is satisfied <b>Specialist:</b> You pay \$60 copay/visit after deductible is satisfied <b>Urgent care center:</b> You pay \$100 copay/visit after deductible is satisfied	<b>Virtual visit:</b> Not covered <b>PCP, specialist and urgent care center:</b> Plan pays 50% after deductible is satisfied
<b>Private duty nursing</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied; limited to 100 shifts/year	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied; limited to 100 shifts/year
<b>Prosthetic devices</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied
<b>Radiation therapy</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied
<b>Second surgical opinion</b>	You pay \$40 copay/visit after deductible is satisfied	Plan pays 60% after deductible is satisfied	You pay \$60 copay/visit after deductible is satisfied	Plan pays 50% after deductible is satisfied
<b>Skilled nursing facility</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied; limited to 60 days/year	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied; limited to 60 days/year
<b>Smoking deterrents</b> (prescription only)	See "Coverage through the CVS Caremark prescription drug program" on page 14.			
<b>Surgery — in-office</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied and you pay \$250 copay	Plan pays 50% after deductible is satisfied
<b>Surgery — inpatient</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied	Plan pays 50% after deductible is satisfied
<b>Surgery — outpatient</b>	Plan pays 85% after deductible is satisfied	Plan pays 60% after deductible is satisfied	Plan pays 75% after deductible is satisfied and you pay \$300 copay/procedure	Plan pays 50% after deductible is satisfied
<b>Wigs</b>	Plan pays up to \$300/year after deductible is satisfied (in- and out-of-network combined)			

Feature	UHC Enhanced		UHC Standard	
	In-network	Out-of-network	In-network	Out-of-network
<b>Preventive care</b>				
<b>Routine physical exams</b>	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
<b>Well-child care</b> (including immunizations)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
<b>Well-woman care</b> (ob-gyn exam)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
<b>Mammogram screening</b>	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
<b>Pap smear</b> (in doctor's office)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
<b>Digital rectal exam and blood test for PSA</b> (in doctor's office — prostate cancer screening for men age 50 and older)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
<b>Newborn in-hospital care</b>	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
<b>Other important information about your medical coverage</b>				
<b>Are you responsible for charges in excess of the allowable amount?</b>	No	Yes	No	Yes
<b>Who is responsible for prior authorization?</b>	Your provider; check with your provider to ensure prior authorization is obtained	You	Your provider; check with your provider to ensure prior authorization is obtained	You
<b>What is the penalty for failure to obtain prior authorization?</b>	No benefits paid by plan	Up to \$400 maximum reduction in benefits/occurrence	No benefits paid by plan	Up to \$400 maximum reduction in benefits/occurrence
<b>Do you have to file claim forms?</b>	No	Yes	No	Yes
<b>Are Centers of Excellence available?</b>	Yes			

## Prescription drug coverage

	Surest Enhanced and UHC Enhanced		Surest Standard and UHC Standard	
	In-network	Out-of-network	In-network	Out-of-network
Coverage through the CVS Caremark prescription drug program <sup>1,2</sup>				
Prescription drug annual out-of-pocket limit	Individual: \$4,000 Family: \$8,000	Not applicable	Individual: \$4,150 Family: \$8,300	Not applicable
Retail <sup>3</sup> (up to a 30-day supply)	Generic: You pay \$20 copay Preferred brand: You pay \$90 copay Nonpreferred brand: You pay \$150 copay	Plan pays 60% coinsurance after you pay separate deductible Individual: \$175 Two-person: \$350 Family: \$525	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	Plan pays 50% coinsurance after you pay separate deductible: Individual: \$225 Two-person: \$450 Family: \$675
Mail order (up to a 90-day supply)	Generic: You pay \$50 copay Preferred brand: You pay \$225 copay Nonpreferred brand: You pay \$375 copay	Not applicable	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	Not applicable
Member pays the difference	You will pay the generic copay, 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 copay, 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.			

<sup>1</sup> 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. "Member pays the difference" program charges do not count toward prescription drug annual out-of-pocket maximums.

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

<sup>3</sup> Prescription drug copays 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 or at any Costco Pharmacy. Note the following state exceptions to the doubling of copays: **FLORIDA:** Participants residing in Florida can also obtain 90-day supplies of medications taken on an ongoing basis at any in-network retail pharmacy that fills 90-day supplies. **MINNESOTA:** Participants residing in Minnesota also have access to an expanded list of pharmacies from which to obtain 90-day supplies of medications they take on an ongoing basis. Sign into [Caremark.com](https://www.caremark.com) to find an in-network participating pharmacy. **OKLAHOMA:** Participants residing in or filling their prescriptions in Oklahoma can also obtain 90-day supplies of medications taken on an ongoing basis at any in-network retail pharmacy that fills 90-day supplies. **TENNESSEE:** Participants residing in Tennessee also have access to an expanded list of pharmacies from which to obtain 90-day supplies of medications they take on an ongoing basis. Sign into [Caremark.com](https://www.caremark.com) to find an in-network participating pharmacy. **WEST VIRGINIA:** Participants residing in West Virginia will have access to an expanded list of pharmacies from which to obtain 90-day supplies of medications they take on an ongoing basis. Sign into [Caremark.com](https://www.caremark.com) to find a participating pharmacy.

**Note:** Your CVS Caremark prescription drug coverage includes the PrudentRx Copay Program, a cost-saving program for certain specialty medications. For information about PrudentRx, see the *Nokia Medical Expense Plan for Active Employees Summary Plan Description (SPD) — Surest Enhanced and Standard Options* and the *Nokia Medical Expense Plan for Active Employees SPD — UHC Enhanced and Standard Options* at [www.benefitanswersplus.com/active\\_m/spd.html](https://www.benefitanswersplus.com/active_m/spd.html).

**Remember: You may not be eligible for all of the coverage options shown in the tables above. For information about the Kaiser HMO, contact Kaiser. Carrier contact information is on page 23.**



# Dental

## Note:

This section includes a high-level summary of common procedures covered by these options and does not list all covered services. Additional frequency limits, requirements and exclusions may apply.

For more information about your dental coverage, contact MetLife at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-888-262-4876.

	MetLife Enhanced Dental		MetLife Standard Dental	
	In-network	Out-of-network	In-network	Out-of-network
<b>Network</b>	<p>You can use any dental provider you choose. However, your out-of-pocket costs will be less if you use MetLife Preferred Dentist Program (PDP) Plus network providers because:</p> <ul style="list-style-type: none"> <li>• PDP Plus network providers offer lower negotiated fees, and</li> <li>• Both dental options offer more generous coverage for PDP Plus network providers.</li> </ul> <p>If you use an out-of-network provider, your out-of-pocket costs will be based on reasonable and customary (R&amp;C) charges, and your coverage will be lower.</p>			
<b>Annual deductible</b> (in- and out-of-network combined) <sup>4</sup> Does not apply to preventive services	\$0	\$50 per individual; maximum of \$100 per family	\$50 per individual; maximum of \$100 per family	\$100 per individual; maximum of \$200 per family
<b>Annual maximum benefit</b> (per individual; in- and out-of-network combined) <sup>5</sup>	\$2,250	\$1,750	\$1,500	\$1,000
<b>Diagnostic/preventive care</b>				
<b>Oral exam</b> (up to two preventive exams and up to two problem-focused exams per year)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
<b>Cleaning and scaling of teeth</b> (two per year)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
<b>Space maintainers for dependent children</b> (up to, but not including, age 19)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
<b>Fluoride treatment</b>	Plan pays 100% (limited to four times per calendar year); no age limit	Plan pays 90%; not subject to deductible (limited to four times per calendar year); no age limit	Plan pays 100% for children up to, but not including, age 19; limited to twice per calendar year; not subject to deductible	Plan pays 90% for children up to, but not including, age 19; limited to twice per calendar year; not subject to deductible

<sup>4</sup> The in-network and out-of-network deductibles are shared. This means that, when you receive a covered dental service that is subject to the deductible from an in-network **or** out-of-network provider, the amount you pay toward the deductible will count toward **both** the in-network **and** out-of-network deductible.

<sup>5</sup> The in-network and out-of-network annual maximums are shared. This means that the amount the plan pays for a covered in-network **or** out-of-network dental service will count toward **both** the maximum in-network **and** out-of-network benefit the plan will pay for all covered dental services for the plan year.



	MetLife Enhanced Dental		MetLife Standard Dental	
	In-network	Out-of-network	In-network	Out-of-network
<b>Diagnostic/preventive care (continued)</b>				
<b>X-ray services — full-mouth and panoramic</b> (panorex)	Plan pays 100% (limited to once every 60 months)	Plan pays 90%; not subject to deductible (limited to once every 60 months)	Plan pays 100%; not subject to deductible (limited to once every 60 months)	Plan pays 90%; not subject to deductible (limited to once every 60 months)
<b>Bitewing X-ray</b> (limited to once per year for adults; two times per year for children up to, but not including, age 19)	Plan pays 100%	Plan pays 90%; not subject to deductible	Plan pays 100%; not subject to deductible	Plan pays 90%; not subject to deductible
<b>Sealants for permanent molars</b>	Plan pays 100% for children up to, but not including, age 19; limited to once in 60 months	Plan pays 90% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible	Plan pays 100% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible	Plan pays 90% for children up to, but not including, age 19; limited to once in 60 months; not subject to deductible
<b>Restorative services</b>				
<b>Anesthesia</b>	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
<b>Extractions — nonsurgical</b>	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Extractions — surgical</b>	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
<b>Fillings</b> (composite resin and amalgam)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Inlays/onlays</b> (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Crowns to restore tooth structure</b> (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
<b>Periodontal scaling/planing</b>	Plan pays 80% (limited to once per quadrant every 24 months)	Plan pays 70% after deductible (limited to once per quadrant every 24 months)	Plan pays 80% after deductible (limited to once per quadrant every 24 months)	Plan pays 70% after deductible (limited to once per quadrant every 24 months)
<b>Periodontal surgery</b>	Plan pays 80% (limited to once per unique area every 36 months)	Plan pays 70% after deductible (limited to once per unique area every 36 months)	Plan pays 50% after deductible (limited to once per unique area every 36 months)	Plan pays 40% after deductible (limited to once per unique area every 36 months)
<b>Bridges</b> (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
<b>Implants</b> (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible


	MetLife Enhanced Dental		MetLife Standard Dental	
	In-network	Out-of-network	In-network	Out-of-network
<b>Restorative services (continued)</b>				
<b>Root canals</b>	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
<b>Dentures</b> (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
<b>Removal of wisdom teeth — nonsurgical</b>	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible; not subject to calendar-year maximum	Plan pays 70% after deductible; not subject to calendar-year maximum
<b>Removal of wisdom teeth — surgical</b>	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible; not subject to calendar-year maximum	Plan pays 40% after deductible; not subject to calendar-year maximum
<b>Oral surgery</b> (except for surgical extractions and surgical removal of wisdom teeth)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible; not subject to calendar-year maximum	Plan pays 70% after deductible; not subject to calendar-year maximum
<b>Orthodontia</b>	Plan pays 50% up to lifetime maximum of \$2,000/individual (in- and out-of-network combined)		Plan pays 50% up to lifetime maximum of \$1,500/individual (in- and out-of-network combined)	
<b>Bruxism</b> (appliance replacement)	Plan pays 80% (limited to once every 24 months)	Plan pays 70% after deductible (limited to once every 24 months)	Not covered	

**Remember:**

**You may not be eligible for all of the coverage options shown in this table.**

# Resource contact information

For information about your benefits coverage, contact these resources.

Where	What you will find
<b>Nokia resources</b>	
<p><a href="https://digital.alight.com/nokia">digital.alight.com/nokia</a></p> <p>24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., ET</p> <p>You may also access the YBR website via the Alight Mobile app. To download the app on your mobile device:</p> <ul style="list-style-type: none"> <li>• Scan the code at right,</li> <li>• Go to the <a href="#">App Store</a> or <a href="#">Google Play</a> and search for “Alight Mobile” or</li> <li>• Visit <a href="https://alight.com/alight-mobile-app">alight.com/alight-mobile-app</a>.</li> </ul>  <p>Once you have downloaded the app, open it, search for “Nokia,” and tap the name. Enter your YBR User ID and tap “Sign in” to log on.</p>	<p><b>The Your Benefits Resources (YBR) website</b></p> <ul style="list-style-type: none"> <li>• View your current coverage</li> <li>• Review and compare your 2026 healthcare options and contribution costs</li> <li>• Enroll in coverage for 2026</li> <li>• Make changes to your default coverage for 2026</li> <li>• Opt out of your 2026 coverage</li> <li>• Find a doctor or healthcare provider</li> <li>• Learn more about your Nokia benefits</li> <li>• Review dependent eligibility rules</li> <li>• Review, add or change your dependent's(s') information on file</li> <li>• Understand how a Life Event may change your benefits</li> </ul>
<p>1-888-232-4111 (TTY 711)</p> <p>(1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada)</p> <p>9:00 a.m. to 5:00 p.m., ET, Monday through Friday</p>	<p><b>Nokia Benefits Resource Center</b></p> <ul style="list-style-type: none"> <li>• <b>If you do not have Internet access:</b> <ul style="list-style-type: none"> <li>– Enroll in coverage for 2026</li> <li>– Make changes to your default coverage for 2026</li> <li>– Opt out of your 2026 coverage</li> <li>– Review dependent eligibility rules</li> <li>– Review, add or change your dependent's(s') information on file</li> </ul> </li> <li>• Resolve a unique benefits issue that you have not been able to solve on your own</li> <li>• Notify Nokia if you or your eligible dependent(s) will become Medicare-eligible due to a disability</li> </ul>
<p><a href="https://www.benefitanswersplus.com">www.benefitanswersplus.com</a></p>	<p><b>The Nokia BenefitAnswers Plus website</b></p> <ul style="list-style-type: none"> <li>• See benefits news and updates, including coverage tips and reminders</li> <li>• Get your enrollment materials</li> <li>• Find answers to your benefit questions</li> <li>• View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs)</li> <li>• Find carrier contact information during the year</li> </ul>

Where	What you will find
<b>Surest</b>	
<p><a href="#">Benefits.Surest.com</a> (for both pre-members and members); select “Preview plan” and enter access code “Nokia2026” to view 2026 plan information or “Nokia2025” to view 2025 plan information</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p>	<p><b>General information about your coverage and dedicated Member Services</b></p> <ul style="list-style-type: none"> <li>• Understand how your Surest medical coverage works</li> <li>• Find network physicians, specialists and facilities in your community</li> <li>• Compare doctors, treatment costs and hospitals in your area for medical procedures you may be considering</li> <li>• Manage your healthcare choices and costs through the Surest mobile app or at <a href="#">Benefits.Surest.com</a></li> <li>• Access claims information</li> <li>• Speak with an experienced Member Services representative who understands your plan and can answer questions quickly</li> </ul>
<p><b>Virtual care</b></p> <p>Doctor On Demand®; K Health</p> <p><a href="#">Benefits.Surest.com</a> (for both pre-members and current members ). Select “Preview plan” and enter access code “Nokia2026” to view 2026 plan information or “Nokia2025” to view 2025 plan information</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p>	<p><b>24/7 access to virtual primary care, urgent care and mental healthcare</b></p> <ul style="list-style-type: none"> <li>• <b>Doctor On Demand:</b> Get fast, anytime, anywhere access to expert doctors and therapists for primary care, urgent care and mental healthcare, often with same-day appointments</li> <li>• <b>K Health:</b> Get unlimited access to virtual primary care and urgent care doctors on your phone: Adult and pediatric sick visits, annual wellness visits and care for chronic conditions</li> <li>• For all virtual care options covered through the Surest Plan, please visit <a href="#">Benefits.Surest.com</a></li> </ul>
<p><b>Ardynn (formerly known as My Cancer Journey)</b></p> <p><a href="#">Benefits.Surest.com</a> (for both pre-members and members); select “Preview plan” and enter access code “Nokia2026” to view 2026 plan information or “Nokia2025” to view 2025 plan information</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p> <p><a href="http://www.ardynn.com/surest">www.ardynn.com/surest</a></p>	<p><b>Cancer navigation support program</b></p> <p>Get support from a cancer navigator who helps members and their families:</p> <ul style="list-style-type: none"> <li>• Understand survival estimates and the likely outcomes of different cancer treatment options</li> <li>• Define their goals and preferences, so they make more informed cancer treatment choices</li> </ul>
<p><b>Pacify</b></p> <p><a href="#">Benefits.Surest.com</a> (for both pre-members and members); select “Preview plan” and enter access code “Nokia2026” to view 2026 plan information or “Nokia2025” to view 2025 plan information</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p>	<p><b>24/7 access to prenatal, pediatric and lactation experts, in English and Spanish</b></p> <ul style="list-style-type: none"> <li>• Unlimited access to pediatric experts any time of day or night — right from your smartphone</li> <li>• Consult with nutritional experts and lactation consultants</li> <li>• Receive support for a full range of pregnancy and new parent-related issues from prenatal nutrition to diaper rash</li> </ul>
<p><b>Kaia Health</b></p> <p><a href="#">Benefits.Surest.com</a> (for both pre-members and members); select “Preview plan” and enter access code “Nokia2026” to view 2026 plan information or “Nokia2025” to view 2025 plan information</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p>	<p><b>App-based pain management program</b></p> <p>Get back to moving freely through:</p> <ul style="list-style-type: none"> <li>• Targeted movement therapy</li> <li>• Custom mind-body relaxation programs</li> <li>• Certified health coaching</li> </ul>

Where	What you will find
<b>2nd.MD</b> <a href="#">Benefits.Surest.com</a> (for both pre-members and members); select “Preview plan” and enter access code “Nokia2026” to view 2026 plan information or “Nokia2025” to view 2025 plan information  Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays	<b>Virtual medical second-opinion service</b>  Connect with leading, board-certified specialists from top medical institutions for virtual second opinions — right from your home
<b>Virta</b> <a href="#">Benefits.Surest.com</a> (for both pre-members and members); select “Preview plan” and enter access code “Nokia2026” to view 2026 plan information or “Nokia2025” to view 2025 plan information  Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays	<b>Interactive weight loss and diabetes reversal program</b>  Lower your blood sugar and A1C, lose weight and reduce your need for diabetes medications though ongoing: <ul style="list-style-type: none"> <li>• Supervision from a dedicated, physician-led care team</li> <li>• Personal one-on-one health coaching from nutrition and behavior experts</li> <li>• Support from a private patient community</li> <li>• Support from digital health tools</li> </ul>
<b>GEM sleep</b> <a href="#">Benefits.Surest.com</a> (for both pre-members and members); select “Preview plan” and enter access code “Nokia2026” to view 2026 plan information or “Nokia2025” to view 2025 plan information  Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays  <a href="#">mygemsleep.com/sponsor/surest</a>	<b>Virtual sleep clinic for members at high risk for sleep apnea</b>  Get tested and receive customized treatment recommendations, including a virtual mask fitting, right from your home
<b>Visana</b> <a href="#">Benefits.Surest.com</a> (for both pre-members and members); select “Preview plan” and enter access code “Nokia2026” to view 2026 plan information or “Nokia2025” to view 2025 plan information  Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays  <a href="#">visanahealth.com/info/surest</a> or 1-612-217-4967	<b>Virtual women’s healthcare for members aged 18 or older</b> <ul style="list-style-type: none"> <li>• Get convenient, empathetic care from expert clinicians who can diagnose and treat a wide range of women’s health conditions</li> <li>• Services include urgent, primary and specialty care</li> </ul>
<b>Real Appeal®</b> <a href="#">realappeal.com</a>	<b>Online weight loss and healthy lifestyle program</b>  Attend coaching sessions, use trackers (weight, food, activity and more), access program content and videos and send messages to your coach
<b>Calm Health</b> <a href="#">Benefits.Surest.com</a> (for both pre-members and members); select “Preview plan” and enter access code “Nokia2026” to view 2026 plan information or “Nokia2025” to view 2025 plan information	<b>App-based mental health and well-being support for members aged 16 or older</b> <ul style="list-style-type: none"> <li>• Learn techniques to improve your well-being</li> <li>• Work toward your personal goals at your own pace</li> <li>• Support your mind and body</li> </ul>

Where	What you will find
<p>Surest mobile app, available on the App Store and Google Play; search for “Surest” (members)</p> <p>Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays</p>	
<b>UnitedHealthcare (UHC)</b>	
<p><a href="http://www.myuhc.com">www.myuhc.com</a> (members)</p> <p><a href="http://www.whyuhc.com/nokia">www.whyuhc.com/nokia</a> (pre-members)</p> <p>1-800-577-8539</p> <ul style="list-style-type: none"> <li>Representatives are available 7:00 a.m. – 10:00 p.m., Central Time (CT), Monday through Friday, excluding holidays</li> <li>Self-service is available 24 hours a day, 7 days a week, to check on claim receipt or eligibility, or to request a provider listing</li> </ul>	<p><b>General information about your coverage and dedicated Customer Care (Member Services)</b></p> <ul style="list-style-type: none"> <li>Understand how your UHC medical coverage works</li> <li>Find network physicians, specialists and facilities in your community</li> <li>Compare average treatment costs and hospitals in your area for medical procedures you may be considering</li> <li>Manage your healthcare choices and costs through a Plan Comparison Calculator</li> <li>Access claims information</li> <li>Speak with an experienced Customer Care representative who understands your plan and can answer questions quickly</li> </ul>
<p><a href="http://www.myuhc.com">www.myuhc.com</a></p> <p>Call the phone number on the back of your medical ID card 24 hours a day, 7 days a week</p>	<p><b>UnitedHealthcare Live Nurse Assistance</b></p> <ul style="list-style-type: none"> <li>Speak with a registered nurse at any time</li> <li>Get information about health and welfare topics</li> <li>Participate in a live online nurse chat</li> <li>Both English- and Spanish-speaking registered nurses are available</li> </ul>
<p><a href="http://www.myoptumhealthcomplexmedical.com">www.myoptumhealthcomplexmedical.com</a></p> <p>1-866-936-6002; 7:00 a.m. to 7:00 p.m., CT, Monday through Friday, excluding holidays</p>	<p><b>UnitedHealthcare Cancer Resource Services (CRS)</b></p> <ul style="list-style-type: none"> <li>Get information regarding a cancer diagnosis and treatment</li> <li>Find cancer centers or physicians</li> </ul>
<p><a href="http://www.myoptumhealthcomplexmedical.com">www.myoptumhealthcomplexmedical.com</a></p> <p>(click the “Congenital Heart Disease” link or call the phone number on the back of your medical ID card)</p>	<p><b>Congenital Heart Disease Program (CHD)</b></p> <p>Clinical consultants can provide information to assist parents, family members, case managers and physicians in making decisions about congenital heart disease</p>
<p><a href="http://www.myoptumhealthcomplexmedical.com">www.myoptumhealthcomplexmedical.com</a></p> <p>(click the “Transplantation” link or call the phone number on the back of your medical ID card)</p>	<p><b>Transplant Resource Services (TRS)</b></p> <p>Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants</p>
<p><a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a></p> <p>1-800-577-8539</p>	<p><b>UnitedHealthcare Behavioral Health</b></p> <ul style="list-style-type: none"> <li>Understand how your mental health and substance abuse coverage works</li> <li>Access claims information</li> </ul>
<p><b>Real Appeal®</b></p> <p><a href="http://realappeal.com">realappeal.com</a></p>	<p><b>Online weight loss and healthy lifestyle program</b></p> <p>Attend coaching sessions, use trackers (weight, food, activity and more), access program content and videos and send messages to your coach</p>

Where	What you will find
<b>Calm Health</b> <a href="http://www.myuhc.com">www.myuhc.com</a> (members) <a href="http://www.whyuhc.com/nokia">www.whyuhc.com/nokia</a> (pre-members) 1-800-577-8539	<b>App-based mental health and well-being support for members aged 16 or older</b> <ul style="list-style-type: none"> <li>• Learn techniques to improve your well-being</li> <li>• Work toward your personal goals at your own pace</li> <li>• Support your mind and body</li> </ul>
<b>Virta (starting January 1, 2026)</b> <a href="http://www.myuhc.com">www.myuhc.com</a> (members) <a href="http://www.whyuhc.com/nokia">www.whyuhc.com/nokia</a> (pre-members) 1-800-577-8539	<b>Interactive weight loss and diabetes reversal program</b> Lower your blood sugar and A1C, lose weight and reduce your need for diabetes medications though ongoing: <ul style="list-style-type: none"> <li>• Supervision from a dedicated, physician-led care team</li> <li>• Personal one-on-one health coaching from nutrition and behavior experts</li> <li>• Support from a private patient community</li> <li>• Support from digital health tools</li> </ul>
<b>CVS Caremark prescription drug coverage (does not apply to Kaiser HMO coverage)</b>	
<a href="http://Caremark.com">Caremark.com</a> 1-800-240-9623; 24 hours a day, 7 days a week	<b>CVS Caremark</b> <ul style="list-style-type: none"> <li>• Understand how your prescription drug coverage works</li> <li>• Prescription drug coverage and pricing information, including comparisons for brand-name and generic medications received through mail order and retail</li> <li>• Access claims information</li> <li>• Find an in-network pharmacy</li> </ul>
<a href="http://Caremark.com/mailservice">Caremark.com/mailservice</a> 1-800-240-9623	<b>CVS Caremark Mail Service Pharmacy</b> Order and refill maintenance medications from the CVS Caremark mail-order service for savings opportunities
<a href="http://CVSSpecialty.com">CVSSpecialty.com</a> 1-800-237-2767; 8:30 a.m. to 8:30 p.m., ET, Monday through Friday	<b>CVS Specialty</b> <ul style="list-style-type: none"> <li>• Refill prescriptions and check order status</li> <li>• Pick up prescriptions or have them shipped to you</li> <li>• Talk to a pharmacist and nurse specially trained in your condition</li> <li>• Access injection training, home infusion and other services</li> </ul>
<a href="https://www.prudentrx.com/prudentes">https://www.prudentrx.com/prudentes</a> (list of covered specialty medications; updated monthly) 1-800-578-4403; 8:00 a.m. to 8:00 p.m., ET, Monday through Friday	<b>PrudentRx Copay Program</b> <ul style="list-style-type: none"> <li>• Talk with a PrudentRx Advocate for information about the program and to complete your enrollment</li> <li>• Order and refill prescriptions for covered specialty medications and specialty limited distribution drugs at no cost to you</li> <li>• Check order status</li> <li>• Pick up prescriptions or have them shipped to you</li> </ul>
<b>Zerigo (starting January 1, 2026)</b> <a href="http://zerigohealth.com/nokia">zerigohealth.com/nokia</a>	<b>Home-based phototherapy treatment program for psoriasis and eczema</b> Manage your condition more effectively, reduce the frequency and severity of flares and improve your overall quality of life through: <ul style="list-style-type: none"> <li>• At-home phototherapy treatments using a device shipped directly to you at no cost</li> <li>• Ongoing support from a dedicated Care Guide, who will help you set up your device and complete your first treatment</li> </ul>



Where	What you will find
<b>Magellan</b>	
<a href="http://Member.MagellanHealthcare.com">Member.MagellanHealthcare.com</a> 1-800-327-7348	<b>Magellan EAP</b> Get free, confidential 24/7 assistance for medical and behavioral health issues
<b>MetLife</b>	
<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> 1-888-262-4876 (use the company/group name "US-Nokia" to sign in to the website; the group number is Nokia 85848)	<b>MetLife — Dental</b> <ul style="list-style-type: none"> <li>• Understand how your dental coverage works</li> <li>• Find network dentists</li> <li>• Access claims information</li> </ul>
1-800-523-2894	<b>MetLife — Group Universal Life (GUL) Insurance</b> <ul style="list-style-type: none"> <li>• Get answers to all questions related to the GUL products</li> <li>• Request portability</li> <li>• Get answers to questions about completing the online beneficiary designation process</li> </ul>
1-888-201-4612	<b>MetLife — all other life insurance</b> <ul style="list-style-type: none"> <li>• Understand how your life insurance coverage works</li> <li>• Request conversion</li> <li>• Get answers to questions about completing the online beneficiary designation process</li> </ul>
1-800-984-8651	<b>MetLife — Long-Term Care Insurance (LTCI)</b> Understand how your LTCI coverage works <b>Note:</b> Plan closed to new entrants.
<b>Alight Smart-Choice Accounts™ (Flexible Spending Accounts)</b>	
Available through the YBR website at <a href="http://digital.alight.com/nokia">digital.alight.com/nokia</a> or via the Alight Mobile app 1-888-232-4111 (TTY 711); 9:00 a.m. to 5:00 p.m., ET, Monday through Friday	<b>Health Care and/or Dependent Care Flexible Spending Accounts</b> <ul style="list-style-type: none"> <li>• Obtain your account balance</li> <li>• Learn about what qualifies as an eligible expense</li> <li>• Submit claims</li> <li>• Check the status of your claims</li> </ul>
<b>Kaiser HMO</b>	
<b>Kaiser of Northern California</b> <a href="https://choose.kp.org/nokia">https://choose.kp.org/nokia</a> Members: 1-800-464-4000 (TTY 711) Pre-members: 1-800-514-0985 (TTY 711) Contact information is also available: <ul style="list-style-type: none"> <li>• On the back of your Kaiser member ID card, if you are currently enrolled;</li> <li>• By visiting the YBR website at <a href="http://digital.alight.com/nokia">digital.alight.com/nokia</a> or via the Alight Mobile app; or</li> <li>• By calling the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).</li> </ul>	<b>Kaiser</b> <ul style="list-style-type: none"> <li>• Understand how your coverage works</li> <li>• Access claims information</li> </ul>

# Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)

If you are a participant in the Nokia Medical Expense Plan for Active 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](http://www.benefitanswersplus.com). You may also request a copy by calling 1-908-723-9869.

## 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 copays, 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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