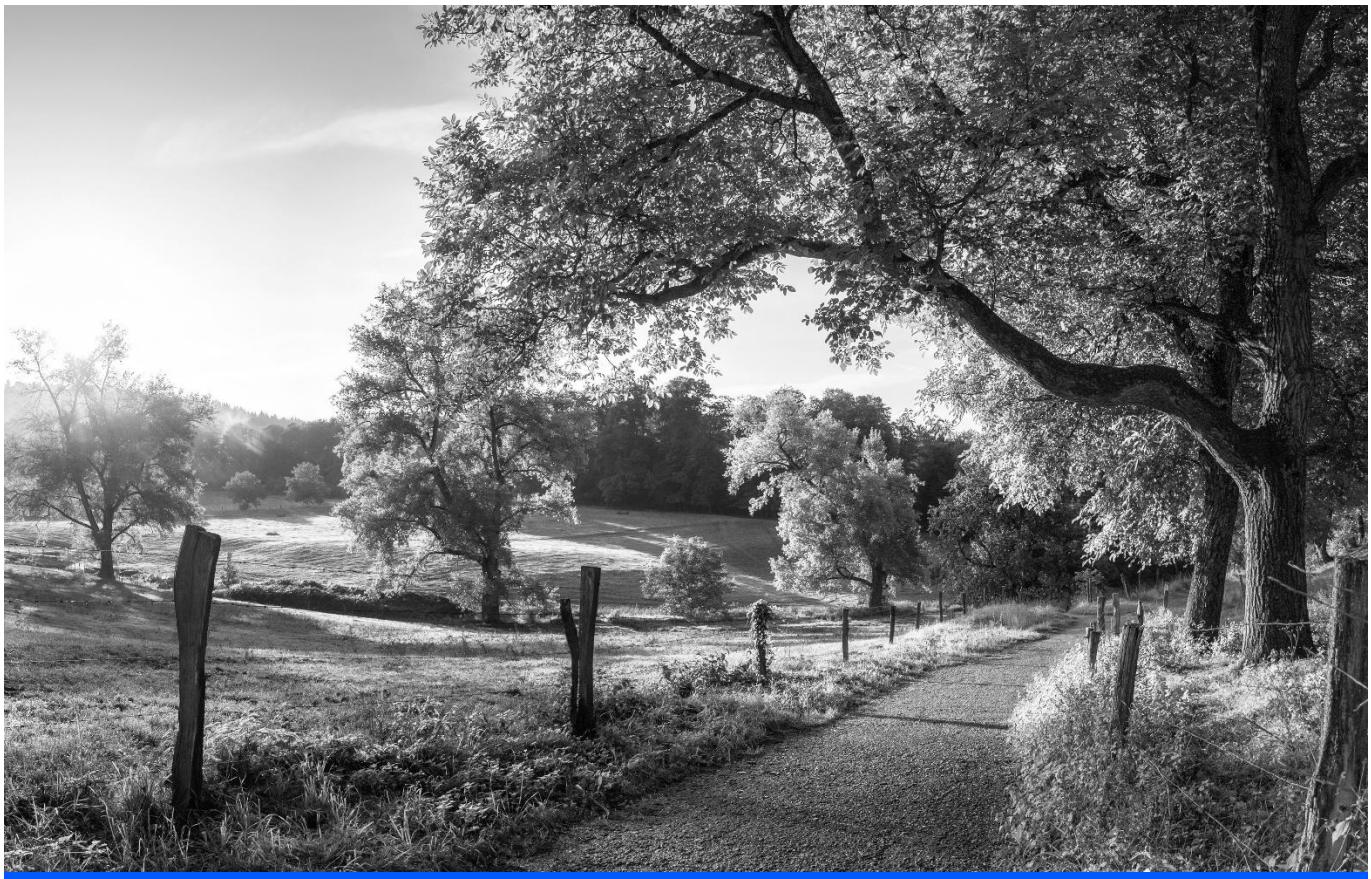

Benefits at-a-glance and resource contact information 2027

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

2027-BAAG2-ACTIVE_304602

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 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). After the welcome message, choose the option for "all other benefit questions" or press 3. Follow the prompts to authenticate your identity. After you hear the "it's annual enrollment time" message, say "annual enrollment" or press star to reach a representative. Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

Inside you will find

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.

Overview

The tables that follow summarize some features of the 2027 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 or via the Alight Mobile app; or
   - Call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711). After the welcome message, choose the option for "all other benefit questions" or press 3. Follow the prompts to authenticate your identity. After you hear the "it's annual enrollment time" message, say "annual enrollment" or press star to reach a representative.

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 or call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) during the annual open enrollment period and follow the prompts at left.

You can also contact Kaiser directly. You can find Kaiser contact information on page 24 of this guide. Or, if you are currently enrolled, check the back of your Kaiser member ID card.

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.

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 an out-of-network provider, claims for eligible expenses are administered through the Naviguard® program. Naviguard determines the allowable reimbursement amount and provides member advocacy services to assist with provider billing and reimbursement-related questions.**

	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**
Autism spectrum disorder services	**Virtual:** You pay $20 copay/visit **Outpatient (home/office):** You pay $20 copay/visit **Outpatient (facility):** You pay $110 copay/visit **Inpatient:** You pay $1,600 copay/stay	**Virtual visit:** Not covered **Outpatient (home/office):** You pay $160 copay/visit **Outpatient (facility):** You pay $330 copay/visit **Inpatient:** You pay $4,800 copay/stay	**Virtual:** You pay $40 copay/visit **Outpatient (home/office):** You pay $40 copay/visit **Outpatient (facility):** You pay $180 copay/visit **Inpatient:** You pay $2,700 copay/stay	**Virtual visit:** Not covered **Outpatient (home/office):** You pay $80 copay/visit **Outpatient (facility):** You pay $540 copay/visit **Inpatient:** You pay $8,100 copay/stay
Birth control (prescription birth control or medication only)	See “Coverage through the CVS Caremark prescription drug program” on page 14.			
Birthing center	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
Blood and blood derivatives	**Outpatient and inpatient:** You pay $175 – $875 copay/visit	**Outpatient and inpatient:** You pay $2,625 copay/visit	**Outpatient and inpatient:** You pay $400 – $1,600 copay/visit	**Outpatient and inpatient:** You pay $4,800 copay/visit
Cardiac rehabilitation (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
Chemotherapy	You pay $30 – $700 copay/visit	You pay up to $2,100 copay/visit	You pay $70 – $770 copay/visit	You pay up to $2,310 copay/visit
Chiropractic 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
Colonoscopy — preventive and diagnostic	**Preventive and diagnostic:** You pay $0 copay/visit	**Preventive:** You pay $160 copay/visit **Diagnostic:** You pay $2,950 copay/visit	**Preventive and diagnostic:** You pay $0 copay/visit	**Preventive:** You pay $220 copay/visit **Diagnostic:** You pay $2,950 copay/visit
Dental services — accident only	**Office:** You pay $20 – $105 copay/visit **Outpatient:** You pay $35 – $3,000 copay/visit **Inpatient:** You pay $200 – $3,000 copay/visit	**Office:** You pay $220 copay/visit **Outpatient:** You pay up to $7,000 copay/visit **Inpatient:** You pay up to $7,000 copay/visit	**Office:** You pay $40 – $150 copay/visit **Outpatient:** You pay $70 – $4,500 copay/visit **Inpatient:** You pay $600 – $4,500 copay/visit	**Office:** You pay $220 copay/visit **Outpatient:** You pay up to $11,000 copay/visit **Inpatient:** You pay up to $11,000 copay/visit
Diabetes self-management items	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
Durable medical equipment	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**
Emergency room — emergency use	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)
Emergency room — nonemergency use	You pay $350 copay/visit	You pay $350 copay/visit	You pay $550 copay/visit	You pay $550 copay/visit
Fertility services	Plan pays $100 – $1,500 copay/service; for a list of covered services and copays, see the Summary Plan Description at www.benefitanswersplus.com/active_m/spd.html	Not covered	Plan pays $100 – $1,500 copay/service; for a list of covered services and copays, see the Summary Plan Description at www.benefitanswersplus.com/active_m/spd.html	Not covered
Habilitative and rehabilitation services 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
Hearing aids	You pay $0 copay; plan pays a maximum of $5,000 every 36 months for in- and out-of-network providers combined			
Home healthcare 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
Hospice care	**Home:** You pay $60 copay/visit **Inpatient:** You pay $2,000 copay/stay	**Home:** You pay $180 copay/visit **Inpatient:** You pay $6,000 copay/stay	**Home:** You pay $80 copay/visit **Inpatient:** You pay $3,500 copay/stay	**Home:** You pay $240 copay/visit **Inpatient:** You pay $10,500 copay/stay
Inpatient hospitalization	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
Maternity (office visits [pre/postnatal], in-hospital delivery services)	**Office visits (pre/postnatal):** You pay $0 copay/visit **In-hospital delivery services:** You pay $750 – $1,500 copay/stay	**Office visits (pre/postnatal):** You pay $160 copay/visit **In-hospital delivery services:** You pay $4,500 copay/stay	**Office visits (pre/postnatal):** You pay $0 copay/visit **In-hospital delivery services:** You pay $1,500 – $3,000 copay/stay	**Office visits (pre/postnatal):** You pay $220 copay/visit **In-hospital delivery services:** You pay $9,000 copay/stay
Medical infusions	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**
Mental health and chemical dependency	**Virtual:** You pay $20 – $60 copay/visit **Outpatient (home/office):** You pay $20 copay/visit **Outpatient (facility):** You pay $110 copay/visit **Inpatient:** You pay $1,600 copay/stay	**Virtual visit:** Not covered **Outpatient (home/office):** You pay $40 copay/visit **Outpatient (facility):** You pay $330 copay/visit **Inpatient:** You pay $4,800 copay/stay	**Virtual visit:** You pay $40 – $100 copay/visit **Outpatient (home/office):** You pay $40 copay/visit **Outpatient (facility):** You pay $180 copay/visit **Inpatient:** You pay $2,700 copay/stay	**Virtual visit:** Not covered **Outpatient (home/office):** You pay $80 copay/visit **Outpatient (facility):** You pay $540 copay/visit **Inpatient:** You pay $8,100 copay/stay
Outpatient lab/X-ray/ ultrasound/complex imaging	**Routine diagnostic test:** You pay $0 copay **Non-routine diagnostic test:** You pay $20 – $1,300 copay/visit **Complex imaging:** You pay $100 – $1,400 copay/visit	**Routine diagnostic test:** You pay $0 copay **Non-routine diagnostic test:** You pay up to $3,150 copay/visit **Complex imaging:** You pay up to $4,200 copay/visit	**Routine diagnostic test:** You pay $0 copay **Non-routine diagnostic test:** You pay $35 – $1,850 copay/visit **Complex imaging:** You pay $150 – $2,400 copay/visit	**Routine diagnostic test:** You pay $0 copay **Non-routine diagnostic test:** You pay up to $3,150 copay/visit **Complex imaging:** You pay up to $5,850 copay/visit
Physician hospital visits and consultations	You pay $0 copay	You pay $0 copay	You pay $0 copay	You pay $0 copay
Physician visits (primary care physician [PCP] office visits, specialist office visits, urgent care center visits and virtual visits) (non-preventive)	**PCP and specialist:** You pay $20 – $105 copay/visit **Urgent care center:** You pay $75 copay/visit **Virtual visit (urgent and acute care and primary care):** You pay $0 copay/visit **Virtual visit (specialty):** You pay $0 – $105 copay/visit	**PCP and specialist:** You pay $220 copay/visit **Urgent care center:** You pay $225 copay/visit **Virtual visit:** Not covered	**PCP and specialist:** You pay $40 – $150 copay/visit **Urgent care center:** You pay $125 copay/visit **Virtual visit (urgent and acute care and primary care):** You pay $0 copay/visit **Virtual visit (specialty):** You pay $0 – $150 copay/visit	**PCP and specialist:** You pay $220 copay/visit **Urgent care center:** You pay $375 copay/visit **Virtual visit:** Not covered
Podiatrist	**Office:** You pay $20 – $105 copay/visit	**Office:** You pay $220 copay/visit	**Office:** You pay $40 – $150 copay/visit	**Office:** You pay $220 copay/visit
Private duty nursing	You pay $60 copay/visit	You pay $180 copay/visit	You pay $80 copay/visit	You pay $240 copay/visit
Prosthetic devices	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
Radiation therapy	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
Second surgical opinion	You pay $0 through 2nd.MD	Not covered	You pay $0 through 2nd.MD	Not covered
Skilled nursing facility 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**
Smoking deterrents (prescription only)	See "Coverage through the CVS Caremark prescription drug program" on page 14.			
Surgery — in-office or outpatient	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
Surgery — inpatient	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
Wigs 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
Preventive care				
Routine physical exams	You pay $0 copay/visit	You pay $160 copay/visit	You pay $0 copay/visit	You pay $220 copay/visit
Well-child care (including immunizations)	You pay $0 copay/visit	You pay $160 copay/visit	You pay $0 copay/visit	You pay $220 copay/visit
Well-woman care (ob-gyn exam)	You pay $0 copay/visit	You pay $160 copay/visit	You pay $0 copay/visit	You pay $220 copay/visit
Mammogram screening	You pay $0 copay/visit	You pay $160 copay/visit	You pay $0 copay/visit	You pay $220 copay/visit
Pap smear (in doctor's office)	You pay $0 copay/visit	You pay $160 copay/visit	You pay $0 copay/visit	You pay $220 copay/visit
Digital rectal exam and blood test for PSA (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
Newborn in-hospital care	You pay $0 copay/visit	You pay $160 copay/visit	You pay $0 copay/visit	You pay $220 copay/visit
Other important information about your medical coverage				
Are you responsible for charges in excess of the allowable amount?	Not applicable	Not applicable	Not applicable	Not applicable
Who is responsible for prior authorization?	Your provider	You	Your provider	You
What is the penalty for failure to obtain prior authorization?	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
Do you have to file claim forms?	No	Yes	No	Yes
Are Centers of Excellence available?	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 an out-of-network provider, claims for eligible expenses are administered through the Naviguard® program. Naviguard determines the allowable reimbursement amount and provides member advocacy services to assist with provider billing and reimbursement-related questions.

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

Feature	UHC Enhanced		UHC Standard	
	In-network	Out-of-network	In-network	Out-of-network
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
Birth control (prescription birth control or medication only)	See “Coverage through the CVS Caremark prescription drug program” on page 14.			
Birthing center	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
Blood and blood derivatives	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
Cardiac rehabilitation (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
Chemotherapy	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
Chiropractic	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)
Colonoscopy — preventive and diagnostic	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
Dental services — accident only	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
Diabetes self-management items	**Equipment:** Plan pays 85% after deductible is satisfied **Supplies:** Provided under the prescription drug program	**Equipment:** Plan pays 60% after deductible is satisfied **Supplies:** Provided under the prescription drug program	**Equipment:** Plan pays 75% after deductible is satisfied **Supplies:** Provided under the prescription drug program	**Equipment:** Plan pays 50% after deductible is satisfied **Supplies:** Provided under the prescription drug program
Durable medical equipment	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
Emergency room — emergency use	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)

Feature	UHC Enhanced		UHC Standard	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**
Emergency room — nonemergency use	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
Habilitative and rehabilitation services (outpatient physical, occupational, speech, pulmonary)	**Physical, occupational, speech and pulmonary rehabilitation:** 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	**Physical, occupational, speech and pulmonary rehabilitation:** 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
Hearing aids	$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)
Home healthcare	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
Hospice care	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
Inpatient hospitalization	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
Maternity (office visits [pre/postnatal], in-hospital delivery services)	**Office visits:** Plan pays 85% after deductible is satisfied and you pay first office copay **In-hospital delivery services:** Plan pays 85% after deductible is satisfied	**Office visits:** Plan pays 60% after deductible is satisfied **In-hospital delivery services:** Plan pays 60% after deductible is satisfied and you pay $300 copay/ admission	**Office visits:** Plan pays 75% after deductible is satisfied and you pay first office copay **In-hospital delivery services:** Plan pays 75% after deductible is satisfied and you pay $500 copay/ admission	**Office visits:** Plan pays 50% after deductible is satisfied **In-hospital delivery services:** Plan pays 50% after deductible is satisfied and you pay $700 copay/ admission
Mental health and chemical dependency	**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
Nutritional counseling	You pay $40 copay/visit after deductible is satisfied	Not covered	You pay $60 copay/visit after deductible is satisfied	Not covered

Feature	UHC Enhanced		UHC Standard	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**
Outpatient lab/X-ray	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
Physician hospital visits and consultations	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
Physician visits (virtual visits, primary care physician [PCP] office visits, specialist office visits and urgent care center visits) (non-preventive)	**Virtual visit:** You pay $10 copay/visit **PCP:** You pay $30 copay/visit after deductible is satisfied **Specialist:** You pay $40 copay/visit after deductible is satisfied **Urgent care center:** You pay $75 copay/visit after deductible is satisfied	**Virtual visit:** Not covered **PCP, specialist and urgent care center:** Plan pays 60% after deductible is satisfied	**Virtual visit:** You pay $20 copay/visit **PCP:** You pay $35 copay/visit after deductible is satisfied **Specialist:** You pay $60 copay/visit after deductible is satisfied **Urgent care center:** You pay $100 copay/visit after deductible is satisfied	**Virtual visit:** Not covered **PCP, specialist and urgent care center:** Plan pays 50% after deductible is satisfied
Private duty nursing	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
Prosthetic devices	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
Radiation therapy	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
Second surgical opinion	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
Skilled nursing facility	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
Smoking deterrents (prescription only)	See “Coverage through the CVS Caremark prescription drug program” on page 14.			
Surgery — in-office	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
Surgery — inpatient	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
Surgery — outpatient	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
Wigs	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
Preventive care				
Routine physical exams	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
Well-child care (including immunizations)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
Well-woman care (ob-gyn exam)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
Mammogram screening	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
Pap smear (in doctor's office)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
Digital rectal exam and blood test for PSA (in doctor's office — prostate cancer screening for men age 50 and older)	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
Newborn in-hospital care	Plan pays 100%	Plan pays 60% after deductible is satisfied	Plan pays 100%	Plan pays 50% after deductible is satisfied
Other important information about your medical coverage				
Are you responsible for charges in excess of the allowable amount?	No	Yes	No	Yes
Who is responsible for prior authorization?	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
What is the penalty for failure to obtain prior authorization?	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
Do you have to file claim forms?	No	Yes	No	Yes
Are Centers of Excellence available?	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[1,2]				
Prescription drug annual out-of-pocket limit	**Individual:** $4,000 **Family:** $8,000	Not applicable	**Individual:** $4,150 **Family:** $8,300	Not applicable
Retail[3] (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.			

1 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.

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

3 Prescription drug 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 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 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 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.

Remember: You may not be eligible for all of the coverage options shown in the tables above. For information about the Kaiser of Northern California HMO, contact Kaiser. Kaiser contact information is on page 24.

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 metlife.com/mybenefits (enter "US-Nokia" in the "Employer or Association" field when signing in) or call 1-888-262-4876.

	MetLife Enhanced Dental		MetLife Standard Dental	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**
Network	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: • PDP Plus network providers offer lower negotiated fees, and • Both dental options offer more generous coverage for PDP Plus network providers. If you use an out-of-network provider, your out-of-pocket costs will be based on reasonable and customary (R&C) charges, and your coverage will be lower.			
Annual deductible (in- and out-of-network combined)[4] 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
Annual maximum benefit (per individual; in- and out-of-network combined)[5]	$2,250	$1,750	$1,500	$1,000
Diagnostic/preventive care				
Oral exam (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
Cleaning and scaling of teeth (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
Space maintainers for dependent 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
Fluoride treatment	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

[4] 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.

[5] 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
Diagnostic/preventive care (continued)				
X-ray services — full-mouth and panoramic (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)
Bitewing X-ray (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
Sealants for first and second permanent molars	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
Restorative services				
Anesthesia	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Extractions — nonsurgical (including 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
Extractions — surgical (including wisdom teeth)	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
Fillings (composite resin and amalgam)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Inlays/onlays (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Crowns to restore tooth structure (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Periodontal scaling/planing	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)
Periodontal surgery	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)

	MetLife Enhanced Dental		MetLife Standard Dental	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**
Restorative services (continued)				
Bridges (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Implants (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Root canals	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible (limited to once every 24 months per tooth)	Plan pays 40% after deductible (limited to once every 24 months per tooth)
Dentures (limited to once every seven years)	Plan pays 80%	Plan pays 70% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Oral surgery (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
Orthodontia	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)	
Bruxism (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
Nokia resources	
digital.alight.com/nokia 24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., ET You may also access the YBR website via the Alight Mobile app. To download the app on your mobile device: • Scan the code at right, • Go to the App Store or Google Play and search for "Alight Mobile" or • Visit alight.com/alight-mobile-app. Once you have downloaded the app, open it, search for "Nokia," and tap the name. Enter your YBR User ID and tap "Sign in" to log on.	**The Your Benefits Resources (YBR) website** • View your current coverage • Review and compare your 2027 healthcare options and contribution costs • Enroll in coverage for 2027 • Make changes to your default coverage for 2027 • Opt out of your 2027coverage • Find a doctor or healthcare provider • Learn more about your Nokia benefits • Review dependent eligibility rules • Review, add or change your dependent's(s') information on file • Understand how a Life Event may change your benefits
1-888-232-4111 (TTY 711) (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) After the welcome message, choose the option for "all other benefit questions" or press 3. Follow the prompts to authenticate your identity. After you hear the "it's annual enrollment time" message, say "annual enrollment" or press star to reach a representative. 9:00 a.m. to 5:00 p.m., ET, Monday through Friday	**Nokia Benefits Resource Center** • **If you do not have Internet access:** – Enroll in coverage for 2027 – Make changes to your default coverage for 2027 – Opt out of your 2027 coverage – Review dependent eligibility rules – Review, add or change your dependent's(s') information on file • Resolve a unique benefits issue that you have not been able to solve on your own • Notify Nokia if you or your eligible dependent(s) will become Medicare-eligible due to a disability
www.benefitanswersplus.com	**The Nokia BenefitAnswers Plus website** • See benefits 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 during the year

Where	What you will find
Surest	
Benefits.Surest.com (for both pre-members and members); select “Preview plan” and enter access code “Nokia2027” to view 2027 plan information or “Nokia2026” to view 2026 plan information Surest mobile app, available on the App Store and Google Play; search for “Surest” (members) Surest Member Services: 1-866-683-6440 7:00 a.m. – 10:00 p.m., ET, Monday through Friday, excluding holidays	**General information about your coverage and dedicated Member Services** • Understand how your Surest medical coverage works • Find network physicians, specialists and facilities in your community • Compare doctors, treatment costs and hospitals in your area for medical procedures you may be considering • Manage your healthcare choices and costs through the Surest mobile app or at Benefits.Surest.com • Access claims information • Speak with an experienced Member Services representative who understands your plan and can answer questions quickly • Access a broad range of virtual care programs and resources through the partners listed below
Ardynn Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440 www.ardynn.com/surest	**Cancer navigation support program** Get support from a cancer navigator who helps members and their families: • Understand survival estimates and the likely outcomes of different cancer treatment options • Define their goals and preferences, so they make more informed cancer treatment choices
Calm Health Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**App-based mental health and well-being support for members aged 16 or older** • Learn techniques to improve your well-being • Work toward your personal goals at your own pace • Support your mind and body
Charlie Health Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**Virtual intensive outpatient therapy for teens and young adults facing serious mental health challenges** • Receive a personalized treatment plan tailored to your mental health needs and designed to fit your schedule • All treatment plans include curated group sessions, individual and family therapy sessions, and psychiatry services as needed
Cove Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**Virtual migraine clinic** Work with a migraine-focused provider to develop a personalized care plan to manage the pain of migraines, tension headaches and cluster headaches
DermatologistOnCall Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**Virtual dermatologic care** • Get a diagnosis and treatment plan for skin, hair and nail conditions within 48 hours, including prescriptions as needed, from a board-certified dermatologist • Treatment includes 30-day follow-up care

Where	What you will find
Equip Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**Virtual eating disorder support** Receive personalized support from a multidisciplinary care team
Expressable Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**Virtual speech therapy** Partner with a licensed therapist for 1-on-1 care and professional support to help you achieve your communication goal
GEM sleep Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440 mygemsleep.com	**Virtual sleep clinic for members at high risk for sleep apnea** Get tested and receive customized treatment recommendations, including a virtual mask fitting, right from your home
Hazelden Betty Ford Center and Ria Health Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**Evidence-based virtual substance use support** Access personalized outpatient substance use (drugs and alcohol) treatment programs, including counseling, recovery coaching and medication as needed
Hinge Health (starting January 1, 2027) Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**App-based, personalized exercise therapy for joint and muscle pain and women's pelvic health for members 18 and older** • Unlimited access to an exercise therapy program with real-time feedback — right from your smartphone • Receive a personalized care plan to help overcome pain or limited movement, recover from injuries, prepare for or recover from surgery and keep your joints healthy and pain-free • Consult with physical therapists and health coaches
Movn Health Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**Virtual cardiac navigation support program** Receive personalized support, including guided exercise, medication adherence, nutrition counseling, stress management and smoking cessation, from a cardiovascular team
Oshi Health Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**Virtual gastroenterologic care** Get personalized care, including diagnosis and treatment, for many digestive conditions
Pacify Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**24/7 access to prenatal, pediatric and lactation experts, in English and Spanish** • Unlimited access to pediatric experts any time of day or night — right from your smartphone • Consult with nutrition experts and lactation consultants • Receive support for a full range of pregnancy and new parent-related issues from prenatal nutrition to diaper rash

Where	What you will find
Real Appeal® realappeal.com	**Online weight loss and healthy lifestyle program** Attend coaching sessions, use trackers (weight, food, activity and more), access program content and videos and send messages to your coach
2nd.MD Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**Virtual medical second-opinion service** Connect with leading, board-certified specialists from top medical institutions for virtual second opinions — right from your home
Valera Health Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**Virtual serious mental health support** Access a mental health team, including a health connector, therapist and psychiatrist, via the comfort and convenience of your mobile device or computer
Virta Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**Interactive weight loss and diabetes reversal program** Lower your blood sugar and A1C, lose weight and reduce your need for diabetes medications though ongoing: • Supervision from a dedicated, physician-led care team • Personal one-on-one health coaching from nutrition and behavior experts • Support from a private patient community • Support from digital health tools
Virtual care Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440	**24/7 access to virtual primary care, urgent care, ongoing care for chronic conditions and wellness visits, for a $0 copay** • **Amwell and Teladoc Health:** Schedule same-day visits for common urgent care needs • **Doctor On Demand:** Get fast, anytime, anywhere access to expert doctors and therapists for primary care, urgent care and wellness visits, often with same-day appointments • **Galileo:** Get fast, anytime, anywhere access to primary care providers for chronic conditions, ongoing care needs and wellness visits • For all virtual care options covered through the Surest Plan, please visit Benefits.Surest.com
Visana Benefits.Surest.com Surest mobile app Surest Member Services: 1-866-683-6440 visanahealth.com/info/surest or 1-612-217-4967	**Virtual women's healthcare for members aged 18 or older** • Get convenient, empathetic care from expert clinicians who can diagnose and treat a wide range of women's health conditions • Services include urgent, primary and specialty care

Where	What you will find
UnitedHealthcare (UHC)	
www.myuhc.com (pre-members and members) 1-800-577-8539 • Representatives are available 7:00 a.m. – 10:00 p.m., Central Time (CT), Monday through Friday, excluding holidays • 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	**General information about your coverage and dedicated Customer Care (Member Services)** • Understand how your UHC medical coverage works • Find network physicians, specialists and facilities in your community • Compare average treatment costs and hospitals in your area for medical procedures you may be considering • Manage your healthcare choices and costs through a Plan Comparison Calculator • Access claims information • Speak with an experienced Customer Care representative who understands your plan and can answer questions quickly
https://myuhc.phs.com/ 1-866-936-6002; 7:00 a.m. to 7:00 p.m., CT, Monday through Friday, excluding holidays	**UnitedHealthcare Cancer Resource Services (CRS)** • Get information regarding a cancer diagnosis and treatment • Find cancer centers or physicians
https://myuhc.phs.com/ (click the "Congenital Heart Disease" link or call the phone number on the back of your medical ID card)	**Congenital Heart Disease Program (CHD)** Clinical consultants can provide information to assist parents, family members, case managers and physicians in making decisions about congenital heart disease
https://myuhc.phs.com/ (click the "Transplantation" link or call the phone number on the back of your medical ID card)	**Transplant Resource Services (TRS)** Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants
www.liveandworkwell.com 1-800-577-8539	**UnitedHealthcare Behavioral Health** • Understand how your mental health and substance abuse coverage works • Access claims information
Calm Health www.myuhc.com (pre-members and members) 1-800-577-8539	**App-based mental health and well-being support for members aged 16 or older** • Learn techniques to improve your well-being • Work toward your personal goals at your own pace • Support your mind and body
Hinge Health (starting January 1, 2027) www.myuhc.com (pre-members and members) 1-800-577-8539	**App-based pain management program for members aged 18 or older** • Access an exercise therapy program with real-time feedback for joint and muscle pain and women's pelvic health — right from your smartphone • Receive a personalized care plan to help overcome pain or limited movement, recover from injuries, prepare for or recover from surgery and keep your joints healthy and pain-free • Consult with physical therapists and health coaches
Real Appeal® realappeal.com	**Online weight loss and healthy lifestyle program** Attend coaching sessions, use trackers (weight, food, activity and more), access program content and videos and send messages to your coach

Where	What you will find
Virta www.myuhc.com (pre-members and members) 1-800-577-8539	**Interactive weight loss and diabetes reversal program** Lower your blood sugar and A1C, lose weight and reduce your need for diabetes medications though ongoing: • Supervision from a dedicated, physician-led care team • Personal one-on-one health coaching from nutrition and behavior experts • Support from a private patient community • Support from digital health tools
CVS Caremark prescription drug coverage (does not apply to Kaiser HMO coverage)	
Caremark.com 1-800-240-9623; 24 hours a day, 7 days a week	**CVS Caremark** • Understand how your prescription drug coverage works • Prescription drug coverage and pricing information, including comparisons for brand-name and generic medications received through mail order and retail • Access claims information • Find an in-network pharmacy
Caremark.com/mailservice 1-800-240-9623	**CVS Caremark Mail Service Pharmacy** Order and refill maintenance medications from the CVS Caremark mail-order service for savings opportunities
CVSspecialty.com 1-800-237-2767; 8:30 a.m. to 8:30 p.m., ET, Monday through Friday	**CVS Specialty** • Refill prescriptions and check order status • Pick up prescriptions or have them shipped to you • Talk to a pharmacist and nurse specially trained in your condition • Access injection training, home infusion and other services
https://www.prudentrx.com/prudentes (list of covered specialty medications; updated monthly) 1-800-578-4403; 8:00 a.m. to 8:00 p.m., ET, Monday through Friday	**PrudentRx Copay Program** • Talk with a PrudentRx Advocate for information about the program and to complete your enrollment • Order and refill prescriptions for covered specialty medications and specialty limited distribution drugs at no cost to you • Check order status • Pick up prescriptions or have them shipped to you
Zerigo zerigohealth.com/nokia	**Home-based phototherapy treatment program for psoriasis and eczema** Manage your condition more effectively, reduce the frequency and severity of flares and improve your overall quality of life through: • At-home phototherapy treatments using a device shipped directly to you at no cost • Ongoing support from a dedicated Care Guide, who will help you set up your device and complete your first treatment

Where	What you will find
Magellan	
Member.MagellanHealthcare.com 1-800-327-7348	**Magellan EAP** Get free, confidential 24/7 assistance for medical and behavioral health issues
MetLife	
metlife.com/mybenefits (enter "US-Nokia" in the "Employer or Association" field when signing in) 1-888-262-4876	**MetLife — Dental** • Understand how your dental coverage works • Find network dentists • Access claims information
1-800-523-2894	**MetLife — Group Universal Life (GUL) Insurance** • Get answers to all questions related to the GUL products • Request portability • Get answers to questions about completing the online beneficiary designation process
1-888-201-4612	**MetLife — all other life insurance** • Understand how your life insurance coverage works • Request conversion • Get answers to questions about completing the online beneficiary designation process
1-800-984-8651	**MetLife — Long-Term Care Insurance (LTCI)** Understand how your LTCI coverage works **Note:** Plan closed to new entrants.
Alight Smart-Choice Accounts™ (Flexible Spending Accounts)	
Available through the YBR website at digital.alight.com/nokia 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	**Health Care and/or Dependent Care Flexible Spending Accounts** • Obtain your account balance • Learn about what qualifies as an eligible expense • Submit claims • Check the status of your claims
Kaiser HMO	
Kaiser of Northern California https://choose.kp.org/nokia Members: 1-800-464-4000 (TTY 711) Pre-members: 1-800-514-0985 (TTY 711) Contact information is also available: • On the back of your Kaiser member ID card, if you are currently enrolled; • By visiting the YBR website at digital.alight.com/nokia or via the Alight Mobile app; or • By calling the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).	**Kaiser** • Understand how your coverage works • Access claims information

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. 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.