Benefits at-a-glance and resource contact information 2027

For participants eligible for the management retiree plan design*

*Includes COBRA and Family Security Program (FSP) participants

2027-BAAG3-MR_304600

Note: This guide is intended for multiple audiences. You may not be eligible for all of the benefit plan options shown in the following tables. Please refer to the Your Benefits Resources™ (YBR) website during your annual open enrollment period to review Nokia health and welfare benefits eligibility for you and your dependent(s).

To determine your coverage options and monthly contributions during the annual open enrollment period…

- Visit the YBR website at digital.alight.com/nokia or via the Alight Mobile app (to download the app on your mobile device, 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 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

Inside you will find

Overview

The tables that follow summarize some features of the 2027 Nokia medical and dental plan options applicable to eligible individuals covered under the management retiree 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.

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

Please note: For the medical services shown in the table below and on the following pages, where coverage under the UnitedHealthcare® Group Medicare Advantage Preferred Provider Organization (PPO) is expressed as a percentage, it is a percentage of the provider's contracted rate (for in-network services) or Medicare-approved fee schedule (for out-of-network services).

For Traditional Indemnity (TI) option services, 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.

	Traditional Indemnity (TI)	UnitedHealthcare MAPPO
Choice of doctors	Select any medical provider	Select from within a network of PPO providers or any qualified provider who participates in Medicare and accepts the plan
Annual deductible	See the table below	$190/individual (in- and out-of-network combined)
Annual out-of-pocket maximum	**Individual:** $3,000 **Family:** $6,000	$3,090/individual (includes deductible; in- and out-of-network combined)
Lifetime maximum benefit	Unlimited (some exclusions apply)	

Annual deductible for the TI option

Participant	Deductible
Former Lucent service and disability pension retirees and their non-survivor COBRA beneficiaries	• **Individual:** $150 plus 1% of annual pension ($175 min. and $300 max.) • **Two-person:** 2x individual deductible • **Family:** 3x individual deductible
COBRA participants and FSP survivors of former Lucent service and disability pension retirees and their COBRA beneficiaries	• **Individual:** $500 • **Two-person:** $1,000 • **Family:** $1,500
Former Lucent, former Nokia and former Alcatel account balance/access to retiree healthcare participants (excludes former Lucent service and disability pension retirees) and their COBRA beneficiaries and survivors	• **Individual:** $500 • **Two-person:** $1,000 • **Family:** $1,500
Former AGCS retirees and their COBRA beneficiaries and survivors	• **Individual:** $200 • **Two-person:** $400 • **Family:** $600
FSP survivors of active employees and their COBRA beneficiaries	• **Individual:** $500 • **Two-person:** $1,000 • **Family:** $1,500

	Traditional Indemnity (TI)	UnitedHealthcare Group Medicare Advantage (PPO)
Copayment/coinsurance for covered services		
Acupuncture	Plan pays 80% after deductible is satisfied; limited to 30 visits/year	Plan pays 80%; limited to 30 visits/year
Ambulance — emergency use of air or ground ambulance	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Ambulance — from hospital to hospital (if admitted to first hospital)	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Anesthesia	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Birth control (prescription birth control or medication only)	See “Prescription drug program” on pages 8 and 9.	
Birthing center	Plan pays 80% after deductible is satisfied	Not applicable
Blood and blood derivatives	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Cardiac rehabilitation (phase three maintenance not covered)	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Chemotherapy	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Chiropractic	Plan pays 80% after deductible is satisfied; limited to 30 visits/year	Plan pays 80%, not subject to deductible (covered according to Medicare guidelines)
Durable medical equipment	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Emergency room — emergency use	Plan pays 80% after deductible is satisfied	You pay $60 copayment/visit, not subject to deductible (waived if admitted within 24 hours)
Emergency room — nonemergency use	Plan pays 80% after deductible is satisfied	You pay $60 copayment/visit, not subject to deductible (payment of emergency room services follows Medicare guidelines)
Extended care facility (or skilled nursing facility)	Plan pays 80% after deductible is satisfied; limited to 120 days/year	Plan pays 80%; limited to 100 days/benefit period
Hearing care	**Hearing evaluations:** Contact UnitedHealthcare for details **Hearing aids:** Covered at plan benefits; contact UnitedHealthcare for details	**Hearing evaluations:** ***Routine hearing exam:*** $0 copayment; limited to one exam/year ***Exam to diagnose and treat hearing and balance issues:*** Plan pays 80% **Hearing aids:** Limited to $500 allowance every three years
Home healthcare	Plan pays 80% after deductible is satisfied; limited to 200 visits/year	$0 copayment, not subject to deductible
Hospice care	Plan pays 80% after deductible is satisfied; limited to 210 days/lifetime	You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of the plan.
Inpatient hospitalization	Plan pays 80% after deductible is satisfied	You pay $200/day up to a maximum of five days; thereafter, you pay $0 copayment for additional Medicare-covered days

	Traditional Indemnity (TI)	UnitedHealthcare Group Medicare Advantage (PPO)
Maternity (office visits [pre/postnatal], in-hospital delivery services)	Plan pays 80% after deductible is satisfied	Not applicable
Mental health and chemical dependency (for those who are not eligible for Medicare)	**Inpatient and outpatient:** Plan pays 80% after deductible is satisfied	Not applicable
Mental health and chemical dependency (for those who are Medicare-eligible)	**Inpatient:** Plan pays up to a total of 80% of the Medicare-approved amount (including any amounts payable by Medicare) and is secondary to Medicare; chemical dependency benefits are limited to 30 days/confinement and two confinements/lifetime **Outpatient:** Plan pays up to a total of 50% of the Medicare-approved amount (including any amounts payable by Medicare) and is secondary to Medicare; limited to 50 visits/year	**Inpatient:** Plan pays 80% after deductible is satisfied, subject to 190-day lifetime maximum (covered according to Medicare guidelines; contact plan for more details) **Outpatient:** Plan pays 80% after deductible is satisfied (covered according to Medicare guidelines; contact plan for more details)
Nutritionist	Not covered	Plan pays 100% for medical nutrition therapy and counseling per Medicare guidelines
Outpatient lab/X-ray	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Physician hospital visits and consultations	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Physician visits (virtual visits, primary care physician [PCP] office visits, specialist office visits and urgent care center visits) (non-preventive)	Plan pays 80% after deductible is satisfied	**Virtual visit — primary care:** You pay $0 copayment/visit **Virtual visit —behavioral health:** Plan pays 80% after deductible is satisfied **PCP:** You pay $15 copayment/visit after deductible is satisfied **Specialist:** Plan pays 80% after deductible is satisfied **Urgent care center:** You pay $30 copayment/visit, not subject to deductible (waived if admitted to hospital within 24 hours)
Podiatrist	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied (covered according to Medicare guidelines)
Private duty nursing	Plan pays 80% after deductible is satisfied; limited to 200 shifts/year	Not covered
Radiation therapy	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Rehabilitation therapy (outpatient physical, occupational, speech)	Plan pays 80% after deductible is satisfied; speech therapy limited to 100 visits/year for developmental delays and 30 visits/year otherwise	Plan pays 80% after deductible is satisfied (covered according to Medicare guidelines); contact plan for more details
Second surgical opinion	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Smoking deterrents (prescription only)	See “Prescription drug program” on pages 8 and 9.	
Surgery — in-office	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Surgery — inpatient	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied

	Traditional Indemnity (TI)	UnitedHealthcare Group Medicare Advantage (PPO)
Surgery — outpatient	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Wigs	Plan pays up to $300/plan year	Plan pays up to $300/plan year, not subject to deductible
Preventive care		
Routine physical exams	Plan pays 100%	$0 copayment for Medicare-covered wellness exam to develop/update a personalized prevention plan based on current health and risk factors; contact plan for details
Well-child care (including immunizations)	Plan pays 100%	Not covered
Well-woman care (ob-gyn exam)	Plan pays 100%	$0 copayment (one visit/year)
Mammogram screening	Plan pays 100%	$0 copayment
Pap smear (in doctor's office)	Plan pays 100%	$0 copayment
Digital rectal exam and blood test for PSA (in doctor's office — prostate cancer screening for men age 50 and older)	Plan pays 100%	$0 copayment
Newborn in-hospital care	Plan pays 100%	Not covered
Other important information about your medical coverage		
Are you responsible for charges in excess of the allowable amount?	Yes	No
Who is responsible for prior authorization?	You	Not applicable
What is the penalty for failure to obtain prior authorization?	20% reduction in benefits, up to $400 maximum/occurrence	Not applicable
Do you have to file claim forms?	Yes	No
Are Centers of Excellence available?	Yes	

Remember:

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

Prescription drug program

If you are enrolled in the TI option

CVS Caremark prescription drug coverage for the TI option	
How it works	
Annual deductible	None
Annual out-of-pocket maximum	None

Coinsurance/copayments[1]		
In-network	**Retail** (up to a 30-day supply using an in-network pharmacy)[2]	**Mail order** (up to a 90-day supply)
Level one Generic drugs	$10 copayment	$20 copayment
Level two Preferred brand drugs	50% coinsurance; $25 minimum, $225 maximum	50% coinsurance; $50 minimum, $450 maximum
Level three Nonpreferred brand drugs	50% coinsurance; $60 minimum, $300 maximum	50% coinsurance; $120 minimum, $600 maximum
Member pays the difference	You will pay the generic copayment, plus the difference in cost between the brand-name and generic drug, if you purchase a brand-name drug when a generic equivalent is available.	
Out-of-network costs (retail only)		
You may incur an additional cost for drugs received at an out-of-network pharmacy; please contact the plan for details.		

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

[2] 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 MN 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.

Important information about coverage for specialty medications

Your CVS Caremark prescription drug coverage includes the PrudentRx Copay Program, a cost-saving program for certain specialty medications. Specialty medications on the PrudentRx Copay Program Drug List are subject to a 30% coinsurance payment, after any applicable prescription drug program deductible is satisfied. However, members who participate in PrudentRx will pay $0 for prescriptions on the PrudentRx Copay Program Drug List.

If you or a covered family member takes one or more specialty medications on the PrudentRx Copay Program Drug List, you will receive a letter from PrudentRx with information about the program. You must call PrudentRx to register for any manufacturer copayment assistance program available for a covered specialty medication or to opt out. If you do not enroll in an available manufacturer copayment assistance program or if you opt out, you will pay the full 30% coinsurance amount for your specialty medication. For more information, refer to the letter you receive from PrudentRx or call 1-800-578-4403, from 8:00 a.m. to 8:00 p.m., ET, Monday through Friday.

If you are Medicare-eligible[3]

UnitedHealthcare® MedicareRx for Groups (PDP) for the Group Medicare Advantage (PPO)	
How it works	
Yearly deductible stage	You pay a $700/individual annual deductible for the cost of your prescription drugs.
Initial coverage stage	Once you reach the $700/individual deductible, the Plan begins to contribute and you pay a copayment for the cost of the drug (see the copayment structure below) until you reach the annual out-of-pocket maximum of $2,400/individual. The out-of-pocket maximum includes your deductible and copayments.
Catastrophic coverage stage	After you reach the $2,400/individual out-of-pocket maximum, you pay $0 per Medicare Part D-covered prescription for the remainder of the year.

Notes:

- Only drugs included on the UnitedHealthcare standard Medicare Part D formulary are covered.
- Out-of-pocket expenses for drugs not covered will not count toward total prescription drug costs or total out-of-pocket costs.
- The optional Medicare Prescription Payment Plan is available to help you manage your Medicare Part D prescription drug costs. For more information, visit retiree.uhc.com/nokia or call 1-888-980-8117 (TTY 711).

Copayments		
In-network	**Retail** (up to a 34-day supply)[4]	**Mail order** (up to a 90-day supply)
Level one Generic drugs on UnitedHealthcare standard Medicare Part D formulary	$15 copayment	$30 copayment
Level two Plan-preferred brand-name drugs on UnitedHealthcare standard Medicare Part D formulary	$30 copayment	$60 copayment
Level three Non-plan-preferred drugs on UnitedHealthcare standard Medicare Part D formulary	$50 copayment	$100 copayment
Level Four Specialty drugs on UnitedHealthcare standard Medicare Part D formulary	$65 copayment	$130 copayment
Out-of-network (retail only)		
Available only in the event of an emergency, as defined by the Centers for Medicare & Medicaid Services (CMS). If an out-of-network pharmacy is used for a non-qualifying emergency, no benefits will be applied.		

[3] The deductible for the prescription drug coverage is separate from the deductible for the UnitedHealthcare Group Medicare Advantage (PPO) medical coverage.

[4] 60- and 90-day supplies are available at double and triple copayments; for cost savings, use mail order.

Dental

Please note:

For the services shown in the table below, where coverage is expressed as a percentage, it is a percentage of the provider's negotiated rate (for in-network services) and of the reasonable and customary (R&C) fee (for out-of-network services).

	Dental Preferred Provider Organization (PPO) option	
	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	$50/individual $100/family Applies to basic and major services only	$75/individual $150/family Applies to diagnostic, preventive, basic and major services
Diagnostic and preventive care (e.g., exams, cleanings and routine X-rays)	Plan pays 100%	Plan pays 100%
Basic services (e.g., fillings)	Plan pays 60%	Plan pays 40%
Major services (e.g., crowns)	Plan pays 60%	Plan pays 40%
Orthodontia	Plan pays 60% up to a lifetime maximum of $1,500/individual	Plan pays 50% up to a lifetime maximum of $1,500/individual
Annual maximum benefit (in- and out-of-network combined)	$1,250 (excluding orthodontia)	$1,000 (excluding orthodontia)

Questions?

For questions about dental coverage or if you are looking for a provider in the PDP Plus network, please visit metlife.com/mybenefits (enter "US-Nokia" in the "Employer or Association" field when signing in) or call 1-888-262-4876.

Remember:
You may not be eligible for this coverage option based on US residency requirements.

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 2027coverage – 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
UnitedHealthcare — medical and prescription drug coverage for the Group Medicare Advantage (PPO)	
Group Medicare Advantage (PPO) and MedicareRx for Groups (PDP): retiree.uhc.com/nokia 1-888-980-8117 (TTY 711) • During Medicare annual open enrollment (October 15 – December 7): 8:00 a.m. to 8:00 p.m., local time, 7 days a week • Outside of Medicare annual open enrollment: 8:00 a.m. to 8:00 p.m., local time, Monday through Friday	**General information about your coverage and dedicated Customer Care (Member Services)** • Understand how your UnitedHealthcare medical and prescription drug coverage works • Find network physicians, specialists, facilities and retail pharmacies 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
	Information specific to the plan's Medicare Part D prescription drug coverage through the MedicareRx for Groups (PDP) Filling your prescriptions is convenient. There are more than 67,000 national chain, regional and independent local retail pharmacies in the UnitedHealthcare network. Using a UnitedHealthcare network pharmacy can help make sure you are getting the lowest cost available through your plan. To find network pharmacies near you, use our pharmacy search tool at retiree.uhc.com/nokia. You may save on the medications you take regularly. If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications through Optum Home Delivery Pharmacy. You'll get automatic refill reminders and access to licensed pharmacists if you have questions. Review plan restrictions and make sure the drugs you take are covered.
UnitedHealthcare — medical coverage for the TI option	
1-800-577-8567 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 www.myuhc.com	**General information about your coverage and dedicated Customer Care (Member Services)** • Understand how your UnitedHealthcare medical coverage works • Find physicians, specialists and facilities in your community • Compare average treatment costs and hospitals in your area for medical procedures you may be considering • Manage your healthcare choices and costs through a Plan Comparison Calculator • Access claims information • Speak with an experienced Customer Care representative who understands your plan and can answer questions quickly

Where	What you will find
UnitedHealthcare — additional medical support for the Group Medicare Advantage (PPO) option	
Amwell: https://patients.amwell.com/ **Doctor On Demand:** https://doctorondemand.com/ **Teladoc Health:** • https://www.teladochealth.com/ • 1-800-Teladoc (1-800-835-2362)	**24/7 virtual doctor visits** • Available at no cost to covered members • Talk with a doctor about your medical concerns using your computer, tablet or smartphone anytime • Access virtual visits with Amwell and Doctor On Demand®, and virtual and phone visits with Teladoc Health
Your plan covers several additional resources and services designed to support your health and well-being. For information, call UnitedHealthcare at 1-888-980-8117 (TTY 711), visit retiree.uhc.com/nokia or refer to your Evidence of Coverage.	
UnitedHealthcare — additional medical support for the TI option	
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 (CHD) Program** 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 1-800-577-8567	**UnitedHealthcare Behavioral Health and Chemical Dependency** • Understand how your mental health and chemical dependency coverage works • Access claims information
www.myuhc.com 1-800-577-8567	**Calm Health** 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
CVS Caremark prescription drug coverage — applies to participants who are enrolled in the TI option	
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

Where	What you will find
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
MetLife	
metlife.com/mybenefits (enter "US-Nokia" in the "Employer or Association" field when signing in) 1-888-262-4876	**MetLife — Dental PPO option** • 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 as of December 31, 2012.

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

If you are a participant in the Nokia Medical Expense Plan for Retired Employees and/or the Nokia Dental Expense Plan for Retired Employees (collectively, the “Plans”) (each a part of the Nokia Retiree Welfare Benefits Plan), 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 copayments, deductibles and/or coinsurance provisions. For more information, contact your health plan’s Member Services.