2022 annual open enrollment period

Online and phone enrollment period: September 27, 2021 – October 8, 2021

The 2022 annual open enrollment period begins on Monday, September 27, 2021, at 9:00 a.m., Eastern Time (ET), and ends on Friday, October 8, 2021, at 5:00 p.m., ET.

You may learn about your 2022 coverage choices and costs — as well as enroll in and/or change your Nokia health and welfare benefits coverage — online on the Your Benefits Resources™ (YBR) website at https://digital.alight.com/nokia or by calling the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) during these dates and times. Representatives are available from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.

Please note:

- This year, the annual open enrollment period runs for two weeks only. You may enroll online or by phone during this time.
- You cannot use the YBR website or call the Nokia Benefits Resource Center to enroll in or make changes to your coverage for 2022, or call the Nokia Benefits Resource Center to ask questions about your 2022 plan options and pricing, until Monday, September 27, 2021, at 9:00 a.m., ET.

You must take action before Friday, October 8, 2021, at 5:00 p.m., ET. Late enrollments will not be accepted.

Important information about default coverage

Your default coverage is the Nokia health and welfare benefits coverage in which you and your covered dependent(s) will be enrolled automatically for 2022 if you do not take any action during the annual open enrollment period. It is your responsibility to confirm that your 2022 default coverage shown on the YBR website is the coverage you want for 2022.

Confirming your default coverage is quick and easy. See "Check your default coverage" on page 6 to find out how to confirm your default coverage starting Monday, September 27, 2021.

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

This communication is intended to highlight some of the benefits provided to eligible participants under the Nokia health and welfare plans. More detailed information is provided in the official plan documents. In the event of a conflict between any information contained in this communication and the terms of the plans as reflected in the official plan documents, the official plan documents shall control. The Board of Directors of Nokia of America Corporation (the "Company") (or its delegate[s]) reserves the right to modify, suspend, change or terminate any of the benefit plans at any time, subject to the terms of applicable collective bargaining agreements. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the Company. The Company cannot be bound by statements about the plans made by unauthorized personnel. This information is not a contract of employment, either expressed or implied, and does not create contractual rights of any kind between the Company and its employees or former employees.

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What's changing for 2022

This section constitutes a Summary of Material Modifications (SMM) to the Summary Plan Descriptions (SPDs) of the health and welfare benefit plans referred to herein.

The following changes to benefits coverage under the Nokia health and welfare benefit plans (the "Plans") will take effect on January 1, 2022.

For all participants

Retiree contributions for 2022

If you are eligible for Medicare, retired prior to March 1, 1990, and you...

- Enroll in the UnitedHealthcare® Group Medicare Advantage (PPO):
 You will not pay a monthly contribution for coverage in 2022.
- Enroll in the Traditional Indemnity option: Your monthly contribution for coverage will increase for 2022.

If you are eligible for Medicare, retired on or after March 1, 1990, and you...

- Enroll in the UnitedHealthcare Group Medicare Advantage (PPO):
 Your monthly contribution for coverage will not increase for 2022.
- Enroll in the Traditional Indemnity option: Your monthly contribution for coverage will increase for 2022.

If you are not eligible for Medicare

Regardless of when you retired, your monthly contribution for coverage will not increase for 2022.

Family Security Program (FSP) participant contributions for 2022

Note that medical coverage contributions for FSP participants are calculated based on the FSP group experience. As a result, you will not pay the same contributions as retirees. Please visit the YBR website at https://digital.alight.com/nokia during the annual open enrollment period to see your 2022 contributions for medical coverage.

Other changes may apply to HMO and Medicare HMO coverage

Unless noted, the changes in this brochure do not apply to Health Maintenance Organization (HMO) and Medicare HMO options. Check the YBR website during the annual open enrollment period or contact the carriers of those options directly for their 2022 coverage changes. Carrier contact information is on the back of your HMO/ Medicare HMO ID card (if you are currently enrolled) and in Benefits at-a-glance and resource contact information 2022 on the BenefitAnswers Plus website.

Vaccine coverage update!

Effective August 1, 2021,
UnitedHealthcare no longer contracts
with CVS Caremark to cover vaccinations
under the medical plan. This means that if
a member visits a CVS retail pharmacy for
a preventive vaccine and shows his or her
UnitedHealthcare medical plan member
ID card, the vaccination will be covered at
the out-of-network benefit level. Please
note that this does not apply to COVID-19
vaccinations, which continue to be covered
at 100 percent at CVS retail pharmacies.

Vaccinations are covered at the in-network benefit level when you show your UnitedHealthcare medical plan member ID card at a doctor's office or non-CVS retail pharmacy in the UnitedHealthcare network.

Important reminder about coverage for diabetic supplies

CVS Caremark is not able to process diabetic supplies through mail order. If you show your CVS Caremark prescription drug member ID card to purchase diabetic supplies at CVS Caremark network retail pharmacies (including both CVS and non-CVS pharmacies), you will be subject to the plan's regular deductibles and copayments. If you have questions about your coverage for diabetic supplies, call CVS Caremark at 1-800-240-9623. If you are enrolled in the UnitedHealthcare Group Medicare Advantage (PPO), see page 5 for more information.

Claims incurred during 2021 before September 5, 2021, will automatically be reprocessed as primary under the Medicare Part B coordination program. CVS Caremark will reimburse you by check for any overpayment, accompanied by a letter of explanation.

If you have any questions about your coverage for Medicare Part B-eligible medications, please call CVS Caremark at 1-800-240-9623.

UnitedHealthcare Group Medicare Advantage (PPO) members: important information about Medicare Part B-eligible medications and diabetic supplies

As a reminder, you can continue to obtain Medicare Part B-eligible medications and diabetic supplies through the UnitedHealthcare Group Medicare Advantage (PPO)'s Medicare Part B prescription drug benefit. By presenting your UnitedHealthcare medical plan member ID card to the pharmacist at any retail pharmacy, you can obtain your diabetic monitoring supplies at no cost. You can also obtain certain Part B drugs at a 20 percent coinsurance without being subject to the deductible. For more information, see the UnitedHealthcare Group Medicare Advantage (PPO)'s Evidence of Coverage document, which is available at www.uhcc.ncm/nokia.

Enhancements to the UnitedHealthcare Group Medicare Advantage (PPO)

Coverage for additional medical services

Effective January 1, 2022, the plan will provide coverage for the following new services, each at a \$0 copayment:

- Eight hours of CareLinx services per month: Receive up to eight hours per month of in-home, non-medical care. To learn more, call CareLinx at 1-833-253-5403 or visit www.carelinx.com/uhcgroup.
- Routine transportation through ModivCare: Receive up to 24 one-way trips per year to approved medically related appointments. To learn more and to schedule your trips, call ModivCare at 1-833-219-1182 (TTY 1-844-488-9724) or visit www.modivcare.com/BookNow.
- Home-delivered meals through Mom's Meals: Receive up to 21 home-delivered meals per year. All meals
 must be ordered in one shipment. To learn more or place your order, call 1-866-224-9485 (TTY 711) or visit
 www.MomsMeals.com/uhc.

New fitness benefit provider: Renew Active™

Effective January 1, 2022, the plan's fitness benefit will be provided through Renew Active by UnitedHealthcare. The SilverSneakers® fitness program will no longer be available after December 31, 2021.

Renew Active is available at no additional cost and focuses on better health for both your body and mind. It includes:

- Free gym membership from the program's nationwide network (including many premium gyms);
- · On-demand digital workout videos and live streaming classes;
- · Online Fitbit® Community; and
- AARP® Staying Sharp® online brain health program.

To learn more, visit <u>UHCRenewActive.com</u>.

Review the YBR website at https://digital.alight.com/nokia during the annual open enrollment period for your 2022 contributions.

Attention Medicare-eligible participants: As you make your medical plan enrollment decision for 2022, keep in mind that the monthly contribution costs for the UnitedHealthcare Group Medicare Advantage (PPO) will continue to be lower than those for any of the Medicare HMOs.

How to enroll

Check your default coverage

Your default coverage is the Nokia health and welfare benefits coverage in which you and your covered dependent(s) will be enrolled automatically for 2022 if you do not take any action during the annual open enrollment period.

Because your default coverage for 2022 may, in some cases, be different from your 2021 coverage, it is your responsibility to confirm that your 2022 default coverage shown on the YBR website during the annual open enrollment period is the coverage you want for 2022.

For residents of any of the 50 US states, US territories or the District of Columbia only: As a reminder, if you (and your Medicare-eligible dependent[s]) are currently enrolled in the Traditional Indemnity option, your default coverage for 2022 will be the UnitedHealthcare Group Medicare Advantage (PPO). This means that, if you do not actively re-enroll in the Traditional Indemnity option during the annual open enrollment period, your medical coverage in the Traditional Indemnity option will end on December 31, 2021.

Here is how to find your default coverage starting Monday, September 27, 2021.

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

- From the home page, select the "Health & Insurance" tab at the top of the page.
- Click the "Health & Insurance Summary" tile to be taken to the "Health & Insurance" page.
- Scroll down and click the blue "View Pending Coverage Costs (effective Jan 1, 2022)" tile.
- You will be taken to the "View or Change Future Coverage" page, where your default coverage will be displayed.
- Alternatively, you may call the Nokia Benefits Resource Center's automated system at 1-888-232-4111 (TTY 711) to request that a copy of your default coverage record be sent to you.
 - When prompted, enter the last four digits of your Social Security Number and your date of birth (mm-dd-yyyy). (You may also be prompted to enter your ZIP code.) No password required!
 - Anytime during the "It's annual enrollment time!" greeting, say "Annual enrollment" and then, "Send enrollment confirmation."

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

Note: If you have signed up to receive communications from the Nokia Benefits Resource Center electronically, the copy will be sent to your Secured Participant Mailbox on YBR within one business day.

For Medicare-eligible participants

Certain Medicare HMOs will no longer be offered

Due to low enrollments and/or high premium costs, the following Medicare HMOs will not be available, effective January 1, 2022:

- Aetna Health Plans of New Jersey
- Aetna Health Plans of Pennsylvania
- EmblemHealth

- UnitedHealthcare of Arizona
- UnitedHealthcare of California
- UnitedHealthcare of Colorado

If you are currently enrolled in one of these Medicare HMOs, you will need to choose another medical plan option for 2022.

If you do not make a new election, you and any Medicare-eligible covered dependents will be automatically assigned medical coverage (i.e., enrolled in default coverage) in the UnitedHealthcare Group Medicare Advantage (PPO) for 2022. For more information about default coverage, see "Check your default coverage" on page 6.

Please note: The changes shown above affect only participants who are eligible for Medicare. The HMOs for individuals not eligible for Medicare are not changing for 2022.

New process for obtaining Medicare Part B medications through your CVS Caremark prescription drug coverage

Effective September 5, 2021, CVS Caremark will process Medicare Part B-eligible medications under Medicare as primary, at both retail pharmacies and through mail order. Medicare will pay 80 percent of the cost and the medical plan will cover the remaining 20 percent so that you will not incur a cost for your Medicare Part B-eligible medications. Here is an overview of the new process:

- At any network retail pharmacy: You will need to ask the pharmacy to process your prescription through
 Medicare first, and provide both your Medicare Part B information and a diagnosis code from your provider.
 (Although the Part B information should be on file at a CVS pharmacy, you should also remind the pharmacist.)
- Through mail order: Your Medicare Part B information will be on file and you will not need to ask that your Part B claims be filed under Medicare as primary.

You can also submit your claims to CVS Caremark by mail or via the "Submit Prescription Claim" process on the CVS Caremark website and ask that they be processed with coordination of benefits.

Reminder

When enrolling dependents, please be sure to review the Nokia Dependent Eligibility Rules at https://benefitanswersplus.com/retired-r/ded.html.

The rules describe who is eligible to be covered under Nokia's medical and dental plans. With respect to children, the rules include various criteria, including age. As also described in the rules, if you have a child who is covered under the plan(s), is disabled and would otherwise lose coverage under the plans due to no longer satisfying the age limit for coverage, you have the ability to continue coverage beyond the stated age provided certain criteria are met. Among these is that you obtain medical certification of disability and that you start the certification process within 31 days of the date your child loses eligibility under the plan(s) due to age.

If you need a copy of your annual open enrollment kit

The easiest and most convenient way to access the information you need to enroll continues to be through the YBR website at https://digital.alight.com/nokia during the annual open enrollment period. However, if you do not have Internet access, or you prefer to have a copy of the annual open enrollment kit sent to you, you can only make your request through the Nokia Benefits Resource Center's automated system. Here is what you need to do:

- 1. Starting September 27, 2021, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711).
- 2. When prompted, enter the last four digits of your Social Security Number and your date of birth (mm-dd-yyyy). (You may also be prompted to enter your ZIP code.) No password required!
- Anytime during the "It's annual enrollment time!" greeting, say, "Annual enrollment" and then, "Request enrollment kit."

Your annual open enrollment kit will be mailed to your address on file within seven to 10 business days. Note that annual open enrollment kits are always sent via US Postal Service mail, even if you have signed up to receive communications from the Nokia Benefits Resource Center electronically.

How to take action

If you decide to change your default coverage and take action during the annual open enrollment period, do it easily starting at 9:00 a.m., ET, on Monday, September 27, 2021:

- Through the YBR website at https://digital.alight.com/nokia or
- By calling the Nokia Benefits Resource Center.

Remember: You must take action before Friday, October 8, 2021, at 5:00 p.m., ET. Late enrollments will not be accepted.

Do you need to take action?

You may already be enrolled in the right coverage for yourself and your family and may not need to take any action during the annual open enrollment period. However, you will need to take action to:

- Choose coverage other than your default coverage (see "Check your default coverage" on the previous page);
- Add¹ or remove dependent(s) from coverage;
- Enroll in the Point of Service (POS) medical option, if the POS option is not shown as an available option on the YBR website and you are eligible to enroll in the POS option; and/or
- Make any other changes to your health and welfare benefits coverage for 2022.

If you do not take action during the annual open enrollment period, you will receive the default coverage shown on the YBR website during the annual open enrollment period.

¹ Make sure your dependents are eligible under the Nokia eligibility rules before you add them to your coverage. You can view eligibility rules on the YBR website. You will be asked to verify the eligibility of the dependent(s) you enroll for coverage.

Using YBR

Before you begin, make sure you have your User ID and password ready, along with any information — including Social Security Number(s) — for any new eligible dependent(s) you may be adding to your coverage. (If necessary, see "Have you forgotten your YBR website User ID and/or password?" at right.)

Then, when you are ready to begin, keep in mind these helpful hints:

- Set aside enough time to complete the enrollment process without interruption.
 After 15 minutes of inactivity on the YBR website, you will automatically be logged off and any elections made up to that point will not be saved.
- The first time you log on from a particular device, you will be prompted
 to choose and answer a series of security questions. This will register
 your device with the YBR website and provide additional protection for
 your personal information.
- You have the option to choose how you would prefer to receive communications from the Nokia Benefits Resource Center. Select the profile icon (2) at the top right of the page, then "Manage Communications." Scroll down to the "Delivery Preference" section to choose your preferred method of delivery (electronically or postal mail) and verify your contact information. Please note:
 - Communications delivered electronically will get to you faster, while communications delivered by mail may take up to 10 days.
 - Your election for receipt of communications on the YBR website will not affect the method of delivery for your annual open enrollment kit. If you would like to have a copy of your annual open enrollment kit mailed to you, please follow the instructions outlined in "If you need a copy of your annual open enrollment kit" on the previous page.
- Review your dependent(s) on file for each of your benefit plans and make any updates or corrections.
- Click "Complete Enrollment" either when you are done making your
 elections or if you must log off the YBR website before completing your
 elections; otherwise, your elections made up to that point will not be
 saved. You can log back on and make any additional changes before your
 enrollment deadline (Friday, October 8, 2021, at 5:00 p.m., ET) even if
 you have already completed your enrollment.
- You may save or print your elections if you like. To do so, save or print the "Completed Successfully!" page for your records when you are finished taking action.
- Log off the YBR website when you are finished to prevent others from viewing your information.
 When "You've Logged Off" appears on the screen, you will know your information is protected.
- Watch for your enrollment confirmation in your email. If you have a preferred email address on file, a detailed
 confirmation of enrollment statement will be emailed to you after you have completed your enrollment on YBR.
 The statement will show all your benefit elections as well as their monthly costs. Be sure to save it for your records.

Have you forgotten your YBR website User ID and/or password?

If so, go to the YBR website, select "Forgot User ID or Password?" and follow the prompts to get a new one(s).

A one-time access code will be provided to you by telephone or text message, as applicable (if you previously added your preferred telephone number — home or mobile — to the YBR website). You may also answer your security questions if you have previously completed them. If none of these are on file with YBR, you will need to request a temporary password be sent to you by US mail. It may take up to 10 days to receive your password through the mail.

If you do not have Internet access, call the Nokia Benefits Resource Center at 1-888-232-4111 (TTY 711) and follow the prompts for assistance.

Tip: If you have not already done so, log on to the YBR website today and provide your preferred telephone number — home or mobile. Just select the profile icon (a) at the top right of the page, then "Personal Information" and enter your phone number where indicated. We recommend that you add a mobile phone number to take advantage of additional security and text messaging capabilities.

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