

2017 ENROLLMENT ACTION GUIDE



FOR LEGACY ALCATEL-LUCENT PARTICIPANTS IN THE MANAGEMENT RETIREE PLAN DESIGN*

*Including COBRA participants and survivors in the Family Security Program (FSP).

2017 ANNUAL OPEN ENROLLMENT PERIOD

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

Online-Only Enrollment Period: October 24, 2016 – October 30, 2016

You can make your elections on the Your Benefits Resources (YBR) website at <http://resources.hewitt.com/nokia> beginning Monday, October 24, 2016 at 9:00 a.m., Eastern Time (ET), through Sunday, October 30, 2016. **During this time, you may view your 2017 coverage and costs, as well as enroll in or make changes to your 2017 coverage — online only — using the YBR website.**

You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2017 coverage, or to ask questions about your 2017 plan options and pricing, until Monday, October 31, 2016 at 9:00 a.m., ET.

Updated Benefits and Enrollment Resources!

- The YBR website has a new address: <http://resources.hewitt.com/nokia>.
- The Benefits Center has a new name: **the Nokia Benefits Resource Center.**

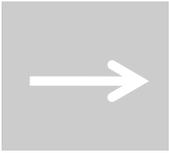
Online and Phone Enrollment Period: October 31, 2016 – November 11, 2016

You may enroll in and/or change your 2017 Nokia health and welfare benefits coverage elections online on the YBR website or by calling the Nokia Benefits Resource Center starting on Monday, October 31, 2016 at 9:00 a.m., ET, through Friday, November 11, 2016 at 5:00 p.m., ET.

You must take action before Friday, November 11, 2016 at 5:00 p.m., ET. Late enrollments will not be accepted.

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

<p>WHAT'S CHANGING FOR 2017 2 See what's new with your benefits this year.</p> <p>HEALTHCARE REFORM UPDATE FOR 2017 9 Key information for 2017.</p> <p>CHECK YOUR DEFAULT COVERAGE 10 Find out if you should enroll or make changes for 2017.</p>	<p>THINKING OF OPTING OUT OF MEDICAL AND/OR DENTAL COVERAGE? 11 Find out what you need to do.</p> <p>HOW TO TAKE ACTION 12 If you do need to take action, visit the YBR website.</p> <p>IMPORTANT REMINDERS 14 Things to keep in mind during the annual open enrollment period — and all year.</p>	<p>WHAT YOU NEED TO KNOW ABOUT MEDICARE 16 Learn about how your Nokia coverage may be impacted by Medicare.</p> <p>RESOURCES FOR NOW AND LATER 19 Learn about the resources available to help you manage your benefits.</p>
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WHAT'S CHANGING FOR 2017

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

The following changes to benefits coverage under the Nokia health and welfare benefit plans (the "Plans") will take effect on January 1, 2017.

Elimination of Retiree Medical and Dental Coverage for Certain Retirees Who Are Not Eligible for Medicare

Note: The information below concerns the effect of a change to your eligibility for or enrollment in Nokia **retiree** medical and/or dental coverage **only**. The change will not affect any eligibility you may have for or enrollment in Nokia **active** medical and/or dental coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended).

Effective January 1, 2017, Nokia will no longer offer retiree medical and dental coverage to certain retirees who are not eligible for Medicare, nor to such retirees' dependents. Also effective January 1, 2017, Nokia will no longer offer retiree medical and dental coverage to any non-Medicare-eligible dependents of certain Medicare-eligible retirees.

The effects of these changes on you and your dependents will depend on your personal situation, as follows.

- **If you are a retiree who retired before March 1, 1990, regardless of your Medicare eligibility (excluding any AGCS or former Alcatel retirees):**
 - You and your dependents are **not affected** by these changes.
 - You and any dependents will remain eligible for retiree medical and dental coverage regardless of Medicare eligibility — provided that Nokia continues to offer such coverage and provided further that you and your dependents continue to meet the eligibility criteria for such coverage.
- **If you are an Alcatel-Lucent retiree who retired on or after March 1, 1990 and are Medicare-eligible as of January 1, 2017, or if you are any AGCS or former Alcatel retiree regardless of your retirement date, and are Medicare-eligible as of January 1, 2017:**
 - You and your Medicare-eligible dependents are **not affected** by these changes.
 - However, effective January 1, 2017, Nokia will no longer offer retiree medical and dental coverage to your dependents who are not eligible for Medicare as of that date.
 - If you are enrolled in retiree medical and/or dental coverage, coverage for your dependents who are not eligible for Medicare will end on December 31, 2016. Retiree medical and/or dental coverage for any non-Medicare-eligible dependents through COBRA will not be available.
 - As a result, you might wish to look to other sources for healthcare coverage for your non-Medicare-eligible dependents for 2017 and later. Sources include their employer(s) or former employer(s) (if available), the health insurance marketplace in your area and the individual insurance market.
 - Your Class II dependents will never regain eligibility for Nokia retiree medical coverage at any time in the future. However, your Class I dependents may regain eligibility for retiree medical and dental coverage when they become Medicare-eligible after January 1, 2017.

Other Changes May Apply to HMO Coverage

Unless noted, the changes in this guide do not apply to Health Maintenance Organization (HMO) options. You will need to check the YBR website during the annual open enrollment period or contact the carriers of those options directly for their 2017 coverage changes. You can find carrier contact information on the back of your HMO ID card and in the Benefits At-a-Glance and Resource Contact Information booklet.



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- Your Class I dependents' qualifications for regaining eligibility for retiree medical and dental coverage when they become Medicare-eligible after January 1, 2017 will depend on whether Nokia continues to offer such coverage and on whether you are enrolled and your Class I dependents meet the eligibility criteria for such coverage at that time. Under the 2017 plan design, if you are enrolled in Nokia-provided retiree medical and/or dental coverage when your non-Medicare-eligible Class I dependents become eligible for Medicare, you can enroll them in Nokia retiree medical and/or dental coverage during any annual open enrollment period, for coverage for the following calendar year.
- To learn more about eligible dependents, see the Your Benefits Resources website at <http://resources.hewitt.com/nokia>.
- **If you are an Alcatel-Lucent retiree who retired on or after March 1, 1990 and are *not* Medicare-eligible as of January 1, 2017, or if you are *any* AGCS or former Alcatel retiree regardless of your retirement date, and are *not* Medicare-eligible as of January 1, 2017:**
 - Effective January 1, 2017, Nokia will no longer offer retiree medical and dental coverage to you or any of your dependents, regardless of the Medicare eligibility of your dependents.
 - If you are enrolled in retiree medical and/or dental coverage, coverage for you and your dependents will end on December 31, 2016. Retiree medical and/or dental coverage for you and any dependents through COBRA will not be available.
 - As a result, you and any dependents might wish to look to other sources for healthcare coverage for 2017 and later.
 - **For you and any non-Medicare-eligible dependents:** Sources include coverage through your or your dependent's(s) employer(s) or former employer(s) (if available), the health insurance marketplace in your area and the individual insurance market.
 - **For any Medicare-eligible dependents:** Sources include coverage through their employer(s) or former employer(s) (if available) and Medicare supplemental insurance from an insurance company, broker or other resource that offers Medicare supplement plans. The Affordable Care Act (healthcare reform) does not permit Medicare-eligible individuals to buy health insurance through the health insurance marketplace.
 - You may regain eligibility for Nokia-provided retiree medical and dental coverage when you become Medicare-eligible after January 1, 2017. Your Class I dependents may also regain eligibility for Nokia retiree medical and dental coverage when they become Medicare-eligible after January 1, 2017. However, your Class II dependents will never regain eligibility for Nokia retiree medical coverage at any time in the future.
 - Your (and your Class I dependents') qualifications for regaining eligibility for Nokia-provided retiree medical and dental coverage when you (and they) become Medicare-eligible after January 1, 2017 will depend on whether Nokia continues to offer such coverage and on whether you and your Class I dependents meet the eligibility criteria for such coverage at that time.
 - Under the 2017 plan design, you will receive an enrollment package approximately three months before you become Medicare-eligible. That will be your opportunity to re-enroll in Nokia retiree medical and/or dental coverage for yourself and your eligible Medicare-eligible dependents. If you are enrolled in Nokia-provided retiree medical and/or dental coverage and your non-Medicare-eligible Class I dependents become eligible for Medicare, you can enroll them in Nokia retiree medical coverage during any annual open enrollment period, for coverage for the following calendar year.
 - To learn more about eligible dependents, see the YBR website at <http://resources.hewitt.com/nokia>.

Please note: If you and/or your dependents are affected by these changes, a notice providing additional detail has already been mailed to you at your address on file.



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Elimination of Retiree Medical Coverage for Non-Medicare-Eligible Survivors of Retirees

The information below concerns the effect of a change to your eligibility for or enrollment in Nokia **retiree** medical coverage under the Family Security Program (FSP) **only**. The change will not affect any eligibility you may have for or enrollment in Nokia retiree medical and/or dental coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended).

Effective January 1, 2017, Nokia will no longer offer retiree medical coverage under the Family Security Program (FSP) to survivors who are not eligible for Medicare, nor to such survivors' dependents. Also effective January 1, 2017, Nokia will no longer offer retiree medical coverage under the FSP to any non-Medicare-eligible dependents of Medicare-eligible survivors.

The effects of these changes on you and your dependents will depend on your personal situation, as follows:

- **If you are a survivor enrolled in retiree medical coverage under the FSP and are *not* Medicare-eligible as of January 1, 2017:**
 - Effective January 1, 2017, Nokia will no longer offer retiree medical to you or any of your dependents regardless of the Medicare eligibility of your dependents.
 - If you are enrolled in retiree medical coverage, coverage for you and any dependents will end on December 31, 2016. Retiree medical coverage under the FSP for you and any dependents through COBRA will not be available. However, if you are enrolled in COBRA retiree dental coverage, this change will not affect such coverage for you or any covered dependents.
 - As a result, you and any dependents might wish to look to other sources for medical coverage for 2017 and later.
 - **For you and any non-Medicare-eligible dependents:** Sources include coverage through your or your dependent's(s') employer(s) or former employer(s) (if available), the health insurance marketplace in your area and the individual insurance market.
 - **For any Medicare-eligible dependents:** Sources include coverage through their employer(s) or former employer(s) (if available) and Medicare supplemental insurance from an insurance company, broker or other resource that offers Medicare supplement plans. The Affordable Care Act (healthcare reform) does not permit Medicare-eligible individuals to buy health insurance through the health insurance marketplace.
 - You and your dependents will never regain eligibility for Nokia retiree medical coverage at any time in the future.
- **If you are a survivor enrolled in retiree medical coverage under the FSP and *are* Medicare-eligible as of January 1, 2017:**
 - You and any Medicare-eligible dependents are **not affected** by these changes.
 - However, effective January 1, 2017, Nokia will no longer offer retiree medical coverage to any dependents who are not eligible for Medicare as of that date.
 - If you are enrolled in retiree medical coverage, coverage for your dependents who are not eligible for Medicare will end on December 31, 2016. Continued retiree medical coverage for your non-Medicare-eligible dependents through COBRA will not be available.
 - As a result, you might wish to look to other sources for medical coverage for your non-Medicare-eligible dependents for 2017 and later. Sources include their employer(s) or former employer(s) (if available), the health insurance marketplace in your area and the individual insurance market.
 - Your Class II dependents will never regain eligibility for Nokia retiree medical coverage at any time in the future. Your Class I dependents may regain eligibility for retiree medical coverage when they become Medicare-eligible after January 1, 2017.



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- Your Class I dependents' qualifications for regaining eligibility for retiree medical coverage when they become Medicare-eligible after January 1, 2017 will depend on whether Nokia continues to offer such coverage and on whether you are enrolled and your Class I dependents meet the eligibility criteria for such coverage at that time. Under the 2017 plan design, if you are enrolled in Nokia-provided retiree medical coverage and your non-Medicare-eligible Class I dependents become eligible for Medicare, you can enroll them in Nokia retiree medical coverage during any annual open enrollment period, for coverage for the following calendar year.
- To learn more about eligible dependents, see the YBR website at <http://resources.hewitt.com/nokia>.

Please note: If you and/or your dependents are affected by these changes, a notice providing additional detail has already been mailed to you at your address on file.

Contribution Costs

Review the YBR website at <http://resources.hewitt.com/nokia> during the annual open enrollment period for your 2017 contribution costs.

Changes to Group Universal Life Insurance Coverage

Effective January 1, 2017:

- Premiums for group universal life insurance coverage will no longer be based on your tobacco use status. Instead, the same rate will apply for a given level of coverage whether or not you use tobacco. As a reminder, premiums will continue to be based on your age and amount of coverage in effect.
- For group universal life participants: Estate Resolution Services will be an added feature. This service covers attorney fees for probating the estate of the insured when using a participating plan attorney. The service also provides advice and in-person and telephone consultations for beneficiaries. More information regarding this program will be provided at a later date.

Medical and/or Prescription Drug Coverage Changes

If You Are Not Eligible for Medicare

Expanded Preventive Care Coverage

Effective January 1, 2017, all three medical plan options — the Enhanced Point of Service (POS) option, the Standard POS option and the Traditional Indemnity option — will provide a higher level of coverage for preventive care services:

Enhanced and Standard POS Options

- **In-network:** Both options will pay 100 percent of the provider's contracted rate. You will no longer pay the office visit copayment.
- **Out-of-network:** Both options will cover the same preventive care services that are covered in-network:
 - **The Enhanced POS option** will pay 70 percent of the reasonable and customary (R&C) fees, after you satisfy the deductible.
 - **The Standard POS option** will pay 60 percent of the R&C fees.

Traditional Indemnity Option

The Traditional Indemnity option will pay 100 percent of the R&C fees for all covered preventive care services.



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Higher Copayments for Certain Medical Services

Effective January 1, 2017, copayments for certain services will increase as shown below. Changes for 2017 are in **bold italics**.

Service	Enhanced Point of Service (POS)*		Standard Point of Service (POS)*	
	2016	2017	2016	2017
In-network				
Physician Office Visit (Non-preventive services)	You pay \$25 copayment per visit (primary care physician or specialist)	You pay \$30 copayment per visit (primary care physician or specialist)	Primary care physician: You pay \$15 copayment per visit Specialist: You pay \$40 copayment per visit	Primary care physician: You pay \$20 copayment per visit Specialist: You pay \$40 copayment per visit (no change)
Inpatient Hospitalization	Plan pays 90%	Plan pays 90% (no change)	Plan pays 80% after you pay \$500 copayment per admission	Plan pays 80% after you pay \$650 copayment per admission
Outpatient Surgery	Plan pays 90%	Plan pays 90% (no change)	Plan pays 80% after you pay \$250 copayment per procedure	Plan pays 80% after you pay \$300 copayment per procedure
Emergency Room	Plan pays 100% after you pay \$50 copayment; waived if admitted	Plan pays 100% after you pay \$65 copayment; waived if admitted	Plan pays 100% after you pay \$100 copayment; waived if admitted	Plan pays 100% after you pay \$125 copayment; waived if admitted
Chiropractic Care	You pay \$25 copayment per visit; limited to 30 visits per year	You pay \$30 copayment per visit; limited to 30 visits per year	Plan pays 80%; limited to 30 visits per year	Plan pays 80%; limited to 30 visits per year (no change)
Out-of-network				
Inpatient Hospitalization	Plan pays 70% after you satisfy the deductible and pay \$200 copayment per admission	Plan pays 70% after you satisfy the deductible and pay \$250 copayment per admission	Plan pays 60% after you pay \$200 copayment per admission	Plan pays 60% after you pay \$250 copayment per admission
Emergency Room	Plan pays 100% after you pay \$50 copayment; waived if admitted	Plan pays 100% after you pay \$65 copayment; waived if admitted	Plan pays 100% after you pay \$100 copayment; waived if admitted	Plan pays 100% after you pay \$125 copayment; waived if admitted

*Where coverage is expressed as a percentage, it is a percentage of the provider's contracted rate (for in-network services) or of the reasonable and customary (R&C) fee (for out-of-network services).



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Higher Annual Deductibles and Out-of-Pocket Maximums for the Enhanced POS

Effective January 1, 2017, the annual deductibles and out-of-pocket maximums for the Enhanced POS will increase as follows:

Feature	Enhanced Point of Service (POS)	
	2016	2017
Annual Out-of-Network Medical Deductible	<ul style="list-style-type: none"> ▪ Individual: \$500 ▪ Two-person: \$1,000 ▪ Family: \$1,500 	<ul style="list-style-type: none"> ▪ Individual: \$650 ▪ Two-person: \$1,300 ▪ Family: \$1,950
Annual Medical Out-of-Pocket Maximum	<p>In-Network:</p> <ul style="list-style-type: none"> ▪ Individual: \$1,200 ▪ Two-person: \$2,400 ▪ Family: \$3,600 <p>Out-of-Network:</p> <ul style="list-style-type: none"> ▪ Individual: \$3,000 ▪ Two-person: \$6,000 ▪ Family: \$9,000 <p>(Excludes deductible)</p>	<p>In-Network:</p> <ul style="list-style-type: none"> ▪ Individual: \$1,600 ▪ Two-person: \$3,200 ▪ Family: \$4,800 <p>Out-of-Network:</p> <ul style="list-style-type: none"> ▪ Individual: \$4,000 ▪ Two-person: \$8,000 ▪ Family: \$12,000 <p>(Excludes deductible)</p>

Higher Out-of-Pocket Maximums for the Traditional Indemnity Option

Effective January 1, 2017, the annual out-of-pocket maximums for the Traditional Indemnity option will increase as follows:

	Traditional Indemnity	
	2016	2017
Annual Medical Out-of-Pocket Maximum (Excludes Deductible)	<ul style="list-style-type: none"> ▪ Individual: \$1,500 ▪ Two-person: \$3,000 ▪ Family: \$4,500 	<ul style="list-style-type: none"> ▪ Individual: \$1,800 ▪ Two-person: \$3,600 ▪ Family: \$5,400

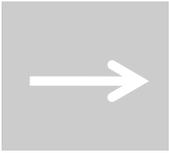
Applied Behavior Analysis Therapy for Eligible Dependents Age 11 and Under

Effective January 1, 2017, the POS and Traditional Indemnity options expressly cover Applied Behavior Analysis (ABA) therapy for eligible dependents age 11 and under with a primary diagnosis of autism spectrum disorder. Coverage is at the in-network, outpatient, mental health rate and is subject to pre-certification requirements. For eligible dependents age 12 and older, support is available to help you navigate community, state, federal and educational resources.

For more information, contact UnitedHealthcare®'s Optum Advocate at 1-800-577-8539 (Enhanced and Standard POS) or 1-800-577-8567 (Traditional Indemnity) after January 1, 2017. Except as provided above, effective January 1, 2017, ABA therapy is expressly excluded from coverage under the plan.

Virtual Visits

When you or a family member does not feel well, the last thing you want to do is leave the comfort of home to sit in a waiting room. Effective January 1, 2017, your UnitedHealthcare medical plan option will offer a new alternative: virtual visits. A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10 – 15 minutes. Use virtual visits when your doctor is not available, you become ill while traveling or you are considering visiting a hospital emergency room for a nonemergency condition. Visit www.myuhc.com to learn about virtual visits.



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Expanded Prescription Drug Coverage Management Programs

Nokia is committed to keeping the cost of your prescription drugs down while providing you with the coverage you need. With this goal in mind, Express Scripts uses a set of coverage management programs to determine how the Prescription Drug Program will cover certain prescription drugs under the POS and Traditional Indemnity options.

Updates to the coverage management program were made as of July 1, 2016. Express Scripts will notify you if this program applies to you.

If You Are Medicare-Eligible

Changes to the Express Scripts Medicare® (PDP) for Nokia

Due to adjustments made by the Centers for Medicare & Medicaid Services (CMS), the following changes to your drug coverage will be effective January 1, 2017:

- The annual deductible and prescription drug cost limit will increase.
- Cost-sharing both inside and outside of the “donut hole” will change.

The table below highlights the CMS adjustments for 2017.

	2016	2017
Deductible amount	\$360	\$400
“Donut hole”	After total payments (including copayments and deductible, plus the Plan’s cost for the drugs) reach \$3,310, you pay 58% of the cost of generic drugs and about 45% of the cost of most brand-name drugs, up to \$4,850.	After total payments (including copayments and deductible, plus the Plan’s cost for the drugs) reach \$3,700 , you pay 51% of the total cost of generic drugs and about 40% of the total cost plus a portion of the dispensing fee for brand-name drugs, up to \$4,950 .
Cost-sharing outside of the “donut hole”	You pay the greater of 5% of the cost or a copayment of \$2.95 for generics/\$7.40 for brand-name drugs, per prescription, for the remainder of the year.	You pay the greater of 5% of the cost or a copayment of \$3.30 for generics/ \$8.25 for brand-name drugs, per prescription, for the remainder of the year.

While you are in the “donut hole,” either the Plan pays the rest of the costs for covered drugs, or they are paid for by drug manufacturers’ discounts.

For more information about how the Plan works, see the Benefits At-a-Glance and Resource Contact Information booklet.

Virtual Visits

When you or a family member does not feel well, the last thing you want to do is leave the comfort of home to sit in a waiting room. Effective January 1, 2017, your UnitedHealthcare medical plan option will offer a new alternative: virtual visits. A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10 – 15 minutes. Use virtual visits when your doctor is not available, you become ill while traveling or you are considering visiting a hospital emergency room for a nonemergency condition. Visit www.UHCRetiree.com/nokia to learn about virtual visits.



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HEALTHCARE REFORM UPDATE FOR 2017

If You Are Not Eligible for Medicare

As a reminder, in accordance with the Affordable Care Act (healthcare reform), if you **are not** eligible for Medicare, you have the option to buy health insurance from an alternate source: the health insurance marketplace in your area.

You should compare your Nokia health coverage with the coverage available through the marketplace. Many participants not eligible for Medicare may find marketplace coverage to be more affordable than medical coverage offered through Nokia.

If you enroll in Nokia health coverage during annual open enrollment and later decide to enroll in marketplace coverage for 2017 during the marketplace open enrollment period (November 1, 2016 – January 31, 2017), you can drop your Nokia coverage. But keep in mind: If you drop Nokia coverage, Nokia medical **and** prescription drug coverage for **all** members of your family will end, including those eligible for Medicare.

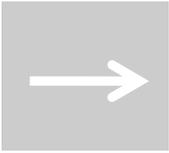
You must call the Nokia Benefits Resource Center by December 31, 2016, to drop your Nokia coverage that would be effective as of January 1, 2017. If you call after December 31, your coverage will be dropped as of the first of the month following the date you call. (Note that the effective date that your coverage will be dropped may differ if your medical option requires a disenrollment form.)

The effective date for marketplace coverage will depend on when it is purchased, as described on HealthCare.gov. Please visit HealthCare.gov for the most current information about health coverage available through the marketplace. The Nokia Benefits Resource Center cannot answer any questions about marketplace coverage.

Note: If you enroll in health coverage through the marketplace instead of through Nokia, you may not be able to enroll in Nokia coverage in the future. Please see the “Notes” on page 11 and refer to the plan’s SPD for information on when you can make changes to your coverage.

If You Are Medicare-Eligible

The Affordable Care Act **does not** permit persons who are eligible for Medicare to buy health insurance through the health insurance marketplace. If you are eligible for Medicare and do not want to enroll in Nokia coverage, you may buy Medicare supplemental insurance on your own (for example, from an insurance company, broker or other resource that offers Medicare supplement plans).



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CHECK YOUR DEFAULT COVERAGE

What Is Default Coverage?

Your default coverage is the Nokia health and welfare benefits coverage you and your covered dependent(s) will be automatically enrolled in for 2017 if you do not take any action during the annual open enrollment period. **Because your default coverage for 2017 may in some cases be different than your 2016 coverage, it is your responsibility to confirm that your 2017 default coverage shown on the YBR website during the annual open enrollment period is the coverage that you want for 2017.**

You can find your default coverage on the YBR website at <http://resources.hewitt.com/nokia> from Monday, October 24, 2016 at 9:00 a.m., ET, through Friday, November 11, 2016 at 5:00 p.m., ET, when the annual open enrollment period ends.

If you would like to have a record of your default coverage sent to you, please follow the instructions outlined in “How to Request Copies of Annual Open Enrollment Information by Telephone” on page 13.

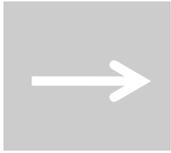
Do You Need to Take Action?

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;
- Add[†] or remove dependent(s) from coverage;
- Enroll in a Point of Service (POS) medical option, if a POS option is not shown as an available option on the YBR website and you are eligible to enroll in a POS option; and/or
- Make any other changes to your 2017 health and welfare benefits coverage.

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.

[†]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.



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THINKING OF OPTING OUT OF MEDICAL AND/OR DENTAL COVERAGE?

During the Annual Open Enrollment Period

- You have the option to opt out of your coverage during the annual open enrollment period on the YBR website at <http://resources.hewitt.com/nokia>, regardless of your Medicare eligibility.
- When you opt out of medical (which includes prescription drug) coverage, you can still keep your dental coverage, and vice versa.
- You may be eligible to opt back in to medical (which includes prescription drug) coverage and/or dental coverage without the requirement of a physical during a future annual open enrollment period or if you have a qualified status change.

Outside of the Annual Open Enrollment Period

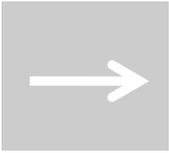
- You can drop coverage at any time during the year.
- When you drop medical (which includes prescription drug) coverage, you can still keep your dental coverage, and vice versa.
- You will only be able to re-enroll during a future annual open enrollment period or if you have a qualified status change.
- To drop coverage outside of the annual open enrollment period:
 - **If you are not eligible for Medicare** — Call the Nokia Benefits Resource Center.
 - **Important:** If you enroll in Nokia health coverage during annual open enrollment and later decide to enroll in marketplace coverage for 2017 during the marketplace open enrollment period (November 1, 2016 – January 31, 2017), you can drop your Nokia coverage for 2017. See page 9 for more information.
 - **If you are Medicare-eligible** — Call the Nokia Benefits Resource Center.
 - **Remember:** Enrolling in a private insurer's Medicare Part C or Medicare Part D option **does not** automatically disenroll you from Nokia medical (which includes prescription drug) coverage. If applicable, your enrollment in Nokia coverage is regulated by the Centers for Medicare & Medicaid Services (CMS), so the Nokia Benefits Resource Center will notify you of the earliest possible effective date for disenrollment (based on CMS guidelines). Please note that if you disenroll from Nokia medical coverage, you will also be disenrolled from prescription drug coverage. For more information about Medicare, see "What You Need to Know About Medicare" on page 16.

Notes

- Before you drop coverage for any plan, please refer to the applicable plan's SPD to understand the consequences and determine whether you will be eligible to re-enroll in that plan.
- If you drop coverage for any reason at any time, you may be required to complete forms, depending on the city and/or state where you live.

Note for Survivors in the Family Security Program (FSP)

- You are not eligible to add new dependents to medical coverage at any time.
- If you drop or lose Nokia medical coverage for any reason, you can **never** re-enroll.



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HOW TO TAKE ACTION

If you decide to change your default coverage and take action during the annual open enrollment period, do it easily through the YBR website at <http://resources.hewitt.com/nokia>. Keep in mind that this year, you can make your elections on the YBR website beginning on October 24, 2016. (You cannot call the Nokia Benefits Resource Center to enroll in or make changes to your 2017 coverage, or with questions about your 2017 plan options and pricing, until Monday, October 31, 2016 at 9:00 a.m., ET.)

Using YBR

Before you begin, make sure you have your password ready (the same one you use when calling the Nokia Benefits Resource Center), along with any information — including Social Security Number(s) — for any new eligible dependent(s) you may be adding to your coverage.

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 be automatically 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. Click the “Go Paperless” tile under “Highlights for You.” Follow the prompts 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 “How to Request Copies of Annual Open Enrollment Information by Telephone” on page 13.
- **Review your dependent(s) on file for each of your benefit plans** — and make any updates or corrections.
- **Click “Complete Enrollment”** when you are done making your elections or if you must log off the YBR website before completing your elections — otherwise, your elections made up to that point will not be saved. You can log back on and make any additional changes before your enrollment deadline (Friday, November 11, 2016 at 5:00 p.m., ET) even if you have already completed your enrollment.
- **You may save or print your elections** if you like. 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.

Remember
You must take action before Friday, November 11, 2016 at 5:00 p.m., ET. Late enrollments will not be accepted.

Need a YBR Refresher?
Watch the “Get to Know Your Benefits Resources (YBR)” video on the BenefitAnswers Plus website at www.benefitanswersplus.com.

In just a few minutes, you will get a recap of the site’s key features, have the opportunity to walk through the enrollment process and more.



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How to Request Copies of Annual Open Enrollment Information by Telephone

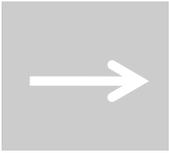
The easiest and most convenient way to access the information you need to enroll continues to be through the YBR website at <http://resources.hewitt.com/nokia> during the annual open enrollment period. However, if you do not have Internet access, or if you have Internet access but prefer to have a copy of the enrollment information sent to you, you must make your request through the Nokia Benefits Resource Center's automated system **only**.

Like YBR, the automated telephone system is easy and convenient to use. **Starting October 24, 2016**, just follow these three simple steps:

1. Call the Nokia Benefits Resource Center at 1-888-232-4111.
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!
3. Anytime during the "It's annual enrollment time!" greeting, say "annual enrollment" and then:
 - To request a copy of your annual open enrollment kit, say "request enrollment kit," or
 - To request a copy of your default coverage record, say "send enrollment confirmation." Your default coverage record is a record of the coverage that is currently on file with the Nokia Benefits Resource Center and that will be in place for you on January 1, 2017 if you **do not** make any changes during annual open enrollment.

The copy(ies) that you have requested will be mailed to your address on file within seven to 10 business days.

Note that if you have signed up to receive communications from the Nokia Benefits Resource Center electronically, the copy of your default coverage record will be sent to your Secured Participant Mailbox on YBR within one business day. Annual open enrollment kits are always sent via US Postal Service mail.



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IMPORTANT REMINDERS

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

Medical and Dental Option–Specific Reminders

Related to the POS and Traditional Indemnity Medical Plan Options

- **Is a POS option not listed as a coverage option on the YBR website?** You may live in an area with limited access to doctors and hospitals in a POS network. If a POS option is not shown as an available option on the YBR website at <http://resources.hewitt.com/nokia> and you are not eligible for Medicare, you can still enroll in a POS option if you are comfortable with the distance between you and POS network doctors and hospitals. If you are currently enrolled in a POS option for 2016 under these circumstances, your POS coverage **will not** automatically carry over to 2017. You must take action to re-enroll.
 - **If you are eligible to enroll in a POS option for 2017 and it is not listed as a coverage option on the YBR website, call the Nokia Benefits Resource Center at 1-888-232-4111 during the annual open enrollment period to enroll. Please note: POS options are not available to survivors in the Family Security Program (FSP).**
- **Looking for an in-network UnitedHealthcare POS provider?** Use the information below when you are looking for an in-network POS provider on the UnitedHealthcare website (remember, you can also find in-network providers using the YBR website):
 - On www.myuhc.com, click “Find Physician, Laboratory or Facility” and then choose your plan: If you live in Maine, Massachusetts or New Hampshire, choose “UnitedHealthcare Choice Plus with Harvard Pilgrim”; if you live in any other state, choose “UnitedHealthcare Choice Plus.”
- **Manage your health with Rally®.** Your UnitedHealthcare medical plan option gives you access to Rally, a user-friendly digital experience on myuhc.com® that will engage you in a new way by using technology, gaming and social media to help you understand, learn about and support you on your health journey. Rally offers personalized recommendations to help you and your covered family members make healthier choices and build healthier habits, one small step at a time. You can access Rally at www.myuhc.com from your computer, tablet or smartphone anytime.

Contribution costs for Nokia health and welfare coverage are either deducted from monthly pension payments, or directly billed.

Retirees who want to switch from direct billing to pension deductions should call the Nokia Benefits Resource Center.

Participants who are directly billed may go to the YBR website to elect the Direct Debit or Pay Now method of payment.

Related to the UnitedHealthcare Group Medicare Advantage (PPO)

- **Re-enrolling, or enrolling in the UnitedHealthcare Group Medicare Advantage (PPO) for the first time?** CMS requires that you provide a street address, and not a P.O. Box, in order to process your enrollment in this option. Note that after annual open enrollment ends, UnitedHealthcare will mail additional information, along with new member ID cards, to **all** UnitedHealthcare Group Medicare Advantage (PPO) members for 2017. (Your plan number will not change.)

Related to the DMO Option

- **If you are eligible for dental coverage but the DMO option is not listed as a coverage option on the YBR website:** You may live in an area with limited access to dentists in the DMO network. If the DMO option is not shown as an available option on the YBR website at <http://resources.hewitt.com/nokia>, you can still enroll in it if you are comfortable with the distance between you and the dentists who participate in the DMO network. If you are currently



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enrolled in the DMO option for 2016 under these circumstances, your DMO coverage **will not** automatically carry over to 2017. **You must take action. To re-enroll, call the Nokia Benefits Resource Center at 1-888-232-4111 during the annual open enrollment period.**

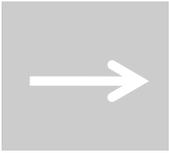
General Reminders

- **Keep in mind: Changes in your doctor's or healthcare provider's network participation are not considered qualified status changes.** Medical carriers' contracts with network providers may expire at any time during the year. You cannot make changes to your coverage and/or add/drop dependents outside of the annual open enrollment period due to these types of changes. Visit the BenefitAnswers Plus website at www.benefitanswersplus.com for more information about qualified status changes.
- **Are you dropping a dependent from coverage? Here is what you should know about COBRA.** COBRA is not offered to dependents removed from coverage during the annual open enrollment period. If your dependent is experiencing a qualified status change and you remove him or her from your coverage during the annual open enrollment period, your dependent will not be eligible for COBRA continuation coverage. For a dependent to be eligible for COBRA, you must remove the dependent experiencing a qualified status change through the "Life Events" section on the YBR website (or by calling the Nokia Benefits Resource Center) within 31 days of the qualified status change.
- **You are eligible to participate in the Vision Discount Program, as one of the "voluntary benefits" offered by Added Benefits.** As a Nokia retiree, you can enjoy discounts on a wide variety of eye care services, including comprehensive eye exams, eyeglasses, contact lenses and LASIK surgery at participating providers. The Vision Discount Program is available to you at **no cost**, and enrollment is not required. Note that Nokia does not make any endorsement of or representation regarding any product or service provided under this program. To learn more or to print your Vision Discount Program ID card, visit www.addedbenefitsaccess.com. You can also call Added Benefits at 1-800-622-6045.
- **You may also be eligible for additional voluntary benefits — identity theft protection services, auto and home insurance and pet insurance (a new benefit for January 1, 2017).** You can enroll in or drop these coverages anytime during the year. As a reminder, Nokia does not make any endorsement of or representation regarding any product or service provided under this program. Note that the enrollment information in this guide does not apply to your voluntary benefits. To learn more or to enroll, visit www.addedbenefitsaccess.com or call Added Benefits at 1-800-622-6045.
- **Do you receive a Form W-2?** The Affordable Care Act (ACA; healthcare reform) requires that employers disclose the value of the employer-provided benefit for health insurance coverage on each participant's Form W-2.
- **You may receive the ACA-required Form 1095-C to keep for your tax records.** The ACA requires that employers provide Form 1095-C to certain (but not all) plan participants each year. The form serves as proof that you met the ACA's requirement for having qualifying healthcare coverage during the year. Employers must provide forms for the 2016 tax year to participants, as applicable, no later than January 31, 2017.
- **Be sure your beneficiaries are up to date.** Take care of the people who matter most. Use this annual open enrollment opportunity to review, add or update your beneficiary designation(s) on file. Visit the BenefitAnswers Plus website at www.benefitanswersplus.com for information.
- **Review your permanent address on file.** As a reminder, the Nokia Benefits Resource Center recognizes your permanent address on file as your mailing address. Please be sure to keep it current.

Help Us Go Green(er)!

As part of our commitment to the environment, we will continue to provide more of your benefits information online instead of in print. So if you have not yet signed up to receive communications from the Nokia Benefits Resource Center electronically, please take a few moments to do so now.

You do not need to wait until annual open enrollment to choose this option. Just log on to the YBR website anytime. Select "Your Profile" and click "Personal Information." Follow the steps to provide your preferred email address and update your preferred method of delivery.



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WHAT YOU NEED TO KNOW ABOUT MEDICARE

Your Nokia medical and prescription drug coverage may be impacted by Medicare. Take note of these details if you and/or your dependent(s) are Medicare-eligible.

Nokia Coverage Options When You Are Medicare-Eligible But Your Dependent Is Not (and Vice Versa)

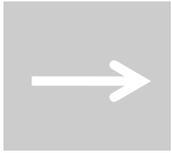
In most cases, covered dependent(s) must be enrolled in the same Nokia medical option and with the same healthcare carrier that you choose for yourself. However, there are exceptions:

If You Are Medicare-Eligible

If you elect the following medical option...	Then coverage for you and your Medicare-eligible dependent(s) will be...	And coverage for your dependent(s) not eligible for Medicare will be...
UnitedHealthcare Group Medicare Advantage (PPO)	UnitedHealthcare Group Medicare Advantage (PPO), and the Express Scripts Medicare (PDP) for Nokia	Enhanced Point of Service (POS) medical and Express Scripts prescription drug coverage, if there is a UnitedHealthcare Enhanced POS in your area — otherwise, Traditional Indemnity medical and Express Scripts prescription drug coverage
Medicare Health Maintenance Organization (HMO)	Medicare HMO, with Medicare HMO prescription drug coverage	HMO, with HMO prescription drug coverage

If You Are Not Eligible for Medicare

If you elect the following medical option...	Then coverage for you and your dependent(s) not eligible for Medicare will be...	And coverage for your Medicare-eligible dependents will be...
Enhanced or Standard Point of Service (POS)	Enhanced or Standard POS medical and Express Scripts prescription drug coverage	Traditional Indemnity, with Medicare primary, and the Express Scripts Medicare (PDP) for Nokia
Traditional Indemnity	Traditional Indemnity medical and Express Scripts prescription drug coverage	Traditional Indemnity, with Medicare primary, and the Express Scripts Medicare (PDP) for Nokia
Health Maintenance Organization (HMO)	HMO, with HMO prescription drug coverage	Medicare HMO, with Medicare HMO prescription drug coverage



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You Must Be Enrolled in Medicare Part B

Under Nokia Plan provisions, Medicare-eligible participants must be entitled to Medicare Part A and enrolled in Medicare Part B to receive benefits coverage through the Plan. When you are enrolled in Medicare Part B, you will pay a monthly premium cost for coverage and may also be required to pay a monthly contribution for the Nokia retiree healthcare coverage that you choose.

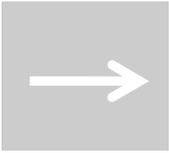
Medicare Part B offers medical benefits, such as doctor and ambulance services. You may become automatically enrolled in Medicare Part B if you receive Social Security benefits. Check with Medicare for information about your personal situation.

Medicare Part C Medical Options — What You Should Know

- **Medicare Advantage Preferred Provider Organization (PPO) plans (like the UnitedHealthcare Group Medicare Advantage [PPO]) and Medicare HMOs are “Medicare Part C” options.** By enrolling in one of these medical options, you agree to receive standard Medicare Part A and Medicare Part B services through that medical option.
- **If you enroll (or continue coverage) in a Medicare HMO offered by the Plan, you will receive prescription drug coverage directly through that Medicare HMO.** Plan designs vary. You must go to hospitals, doctors, pharmacies and other providers in the Medicare HMO’s network to receive coverage.
- **Shortly after enrolling in a Medicare HMO through the YBR website or the Nokia Benefits Resource Center, you may receive form(s) in the mail from the Nokia Benefits Resource Center.** Complete the form(s) with your personal information, Medicare information and signature, and return them to the Nokia Benefits Resource Center by the deadline stated on the form(s) to avoid any delays in receiving coverage.
- **Other Medicare HMO and Medicare Part C options may be available to you from other private insurers.** You cannot be enrolled in more than one Medicare Part C plan option at the same time. Enrolling in a private insurer’s Part C plan does not automatically cancel any Nokia coverages you may have defaulted to or enrolled in during the annual open enrollment period. To enroll in a private insurer’s Part C plan outside of the Company-sponsored Plan during the year, you must call the Nokia Benefits Resource Center to disenroll from your Nokia medical and prescription drug coverage.
- **Medicare HMO contribution costs will be final in December.** Because the Medicare HMOs require approval by CMS, the final plan designs and contribution costs will not be available to the Nokia Benefits Resource Center during the annual open enrollment period. It is expected that the Nokia Benefits Resource Center will have the final plan designs and contribution costs in December. If you decide to enroll in a Medicare HMO during the Nokia annual open enrollment period, and the contribution cost is later reduced, you will receive written notification. The contribution cost will not be higher than what is shown on the YBR website during the annual open enrollment period.

Enrollment and Disenrollment Are Not Solely Within the Control of Nokia, and Rely Heavily on Decisions Made by CMS

If you are Medicare-eligible, at any time during the year, you can disenroll from or switch between the UnitedHealthcare Group Medicare Advantage (PPO) and Medicare HMO options offered by the Plan by calling the Nokia Benefits Resource Center at 1-888-232-4111. However, CMS approval is required. As a result, all elections and effective dates of coverage are driven by CMS. To determine which Medicare HMOs are available to you through the Plan, review the YBR website at <http://resources.hewitt.com/nokia> during the annual open enrollment period.



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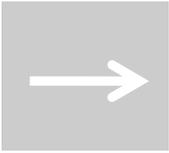
Other Medicare Part D Plans May Be Available to You

If you enroll in a Medicare Part D prescription drug plan other than the Company-sponsored Express Scripts Medicare (PDP) for Nokia, then you are making the choice to opt out of the Nokia plan's prescription drug coverage. This means that all of the following apply:

- Your Nokia prescription drug coverage will no longer pay any portion of your prescription medications — even if the Medicare Part D coverage does not pay for a claim.
- You and/or your dependent(s) will need to begin paying premium costs to the new Medicare Part D provider for Medicare Part D coverage.
- Your contribution costs, if any, for coverage under the Nokia plan will not be adjusted. Nokia cannot provide varying contribution structures, **so you will continue to pay the same contribution costs** as someone who still has prescription drug coverage under the Nokia plan.
- Nokia prescription drug coverage will continue to cover:
 - Any dependent(s) not eligible for Medicare who are enrolled in the Nokia plan; and
 - Any Medicare-eligible dependent(s) who have not enrolled in another Medicare Part D plan.

Find Out More Details About Medicare

Review details about Medicare Parts A, B, C and D — including premium costs and any applicable deductibles, copayments and other costs — in the Medicare & You handbook on the Medicare website at www.medicare.gov. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, seven days a week.



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RESOURCES FOR NOW AND LATER

Nokia provides these year-round resources to help you conveniently manage your benefits.

Your Benefits Resources (YBR) Website http://resources.hewitt.com/nokia (personalized and password-protected)	BenefitAnswers Plus Website www.benefitanswersplus.com (non-personalized — no password required)
<ul style="list-style-type: none"> ▪ View your current coverage ▪ Review and compare your 2017 healthcare options and contribution costs — and enroll online! (October 24, 2016 – November 11, 2016) ▪ Opt out of your 2017 coverage ▪ Find a doctor or healthcare provider ▪ Learn more about your Nokia benefits ▪ Review, add or change your dependent's(s') information on file ▪ Understand how a Life Event may change your benefits 	<ul style="list-style-type: none"> ▪ See benefits news and updates, including coverage tips and reminders ▪ Get your enrollment materials ▪ Find answers to your benefits questions ▪ View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs) ▪ Find carrier contact information throughout the year

More to Come

Be sure to check out the BenefitAnswers Plus website at www.benefitanswersplus.com in December for important coverage reminders and tips on using your benefits in 2017. You will find information about your medical plan ID cards, what to do when you experience a qualified status change during the year and more!

If you do not have access to the Internet, the Nokia Benefits Resource Center can help you resolve a unique benefits issue or enroll in or make changes to your coverage. Call 1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada). Representatives are available from 9:00 a.m. to 5:00 p.m., ET, Monday through Friday.

This communication is intended to highlight some of the benefits provided to eligible participants under the Nokia benefit 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 Alcatel-Lucent USA Inc. (doing business as Nokia) (the "Company") (or its delegate[s]) reserves the right to modify, suspend, change or terminate any of the benefit plans at any time. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the Company. The Company cannot be bound by statements about the plans made by unauthorized personnel. This information is not a contract of employment, either expressed or implied, and does not create contractual rights of any kind between the Company and its employees or former employees.

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