



# Summary of Benefits 2025

## **UnitedHealthcare® Group Medicare Advantage (PPO)**

Group Name (Plan Sponsor): NOKIA

Group Number: 12350

H2001-817-000

Look inside to learn more about the plan and the health services it covers.  
Contact us for more information about the plan.



**[retiree.uhc.com/nokia](https://retiree.uhc.com/nokia)**



**Toll-free 1-888-980-8117, TTY 711**

8 a.m.-8 p.m. local time, Monday-Friday

**United  
Healthcare®**  
Group Medicare Advantage

# Summary of Benefits

**January 1, 2025 - December 31, 2025**

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

## UnitedHealthcare® Group Medicare Advantage (PPO)

### Medical premium, deductible and limits

	In-network and out-of-network
<b>Monthly plan premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
<b>Annual medical deductible</b>	Your plan has an annual combined in-network and out-of-network medical deductible of \$300 each plan year.
<b>Maximum out-of-pocket amount</b>	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,700 for this plan year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p>

### Medical benefits

	In-network and out-of-network
<b>Inpatient hospital care<sup>1</sup></b>	<p>10% coinsurance per stay</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
<b>Outpatient hospital<sup>1</sup></b>	<p>Ambulatory surgical center (ASC)</p> <p>10% coinsurance</p>

## Medical benefits

	In-network and out-of-network	
Cost sharing for additional plan covered services will apply.	Outpatient surgery	10% coinsurance
	Outpatient hospital services, including observation	10% coinsurance
 <b>Doctor visits</b>	Primary care provider (PCP)	20% coinsurance
	Virtual visit	\$0 copay
	Specialist <sup>1</sup>	20% coinsurance
<b>Preventive services</b>	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Abdominal aortic aneurysm screening</li> <li><input type="checkbox"/> Alcohol misuse counseling</li> <li><input type="checkbox"/> Annual wellness visit</li> <li><input type="checkbox"/> Bone mass measurement</li> <li><input type="checkbox"/> Breast cancer screening (mammogram)</li> <li><input type="checkbox"/> Cardiovascular disease (behavioral therapy)</li> <li><input type="checkbox"/> Cardiovascular screening</li> <li><input type="checkbox"/> Cervical and vaginal cancer screening</li> <li><input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li><input type="checkbox"/> Depression screening</li> <li><input type="checkbox"/> Diabetes screenings and monitoring</li> <li><input type="checkbox"/> Diabetes – Self-Management training</li> <li><input type="checkbox"/> Dialysis training</li> <li><input type="checkbox"/> Glaucoma screening</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hepatitis C screening</li> <li><input type="checkbox"/> HIV screening</li> <li><input type="checkbox"/> Kidney disease education</li> <li><input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening</li> <li><input type="checkbox"/> Medical nutrition therapy services</li> <li><input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP)</li> <li><input type="checkbox"/> Obesity screenings and counseling</li> <li><input type="checkbox"/> Prostate cancer screenings (PSA)</li> <li><input type="checkbox"/> Sexually transmitted infections screenings and counseling</li> <li><input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> </ul>

## Medical benefits

### In-network and out-of-network

- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100%.

#### Emergency care

\$60 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

#### Urgently needed services

\$30 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

#### Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)<sup>1</sup>

10% coinsurance

Lab services<sup>1</sup>

10% coinsurance

Diagnostic tests and procedures<sup>1</sup>

20% coinsurance

Therapeutic radiology<sup>1</sup>

10% coinsurance

Outpatient X-rays<sup>1</sup>

10% coinsurance

#### Hearing services

Exam to diagnose and treat hearing and balance issues<sup>1</sup>

20% coinsurance

Routine hearing exam

\$0 copay, 1 exam per plan year\*

## Medical benefits

### In-network and out-of-network

Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
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### Vision services

Exam to diagnose and treat diseases and conditions of the eye <sup>1</sup>	20% coinsurance
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Eyewear after cataract surgery	\$0 copay
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### Mental health

Inpatient visit <sup>1</sup>	10% coinsurance per stay
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Our plan covers an unlimited number of days for an inpatient hospital stay.

Outpatient group therapy visit <sup>1</sup>	20% coinsurance
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Outpatient individual therapy visit <sup>1</sup>	20% coinsurance
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Outpatient therapy or office visit with a psychiatrist <sup>1</sup>	20% coinsurance
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Virtual behavioral visits	20% coinsurance
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<b>Skilled nursing facility (SNF)<sup>1</sup></b>	10% coinsurance per day: days 1-120
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Our plan covers up to 120 days in a SNF per benefit period.

<b>Outpatient Rehabilitation (physical, occupational, or speech/language therapy)<sup>1</sup></b>	20% coinsurance
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<b>Ambulance<sup>2</sup></b>	20% coinsurance
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## Medical benefits

		In-network and out-of-network
	<b>Routine transportation</b>	\$0 copay for 24 one-way trips to and from medically related appointments and the pharmacy, up to 50 miles per trip. Restrictions apply.
<b>Medicare Part B Drugs</b>	Chemotherapy drugs <sup>1</sup>	20% coinsurance
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Other Part B drugs <sup>1</sup>	20% coinsurance




## Additional benefits

		In-network and out-of-network
<b>Acupuncture services</b>	Medicare-covered acupuncture (for chronic low back pain)	20% coinsurance
	Routine acupuncture services	20% coinsurance, up to 30 visits per plan year*
<b>Chiropractic services</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>1</sup>	20% coinsurance

## Additional benefits

		In-network and out-of-network
 <b>Diabetes management</b>	Diabetes monitoring supplies <sup>1</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies <sup>1</sup>	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts <sup>1</sup>	20% coinsurance
<b>Durable medical equipment (DME) and related supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>1</sup>	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>1</sup>	20% coinsurance
	Wigs	<p>\$0 copay</p> <p>The plan pays up to \$300 per plan year for wigs for hair loss due to chemotherapy*</p>

## Additional benefits

		In-network and out-of-network
	<b>Fitness program</b> Renew Active® by UnitedHealthcare	<p>\$0 copay for Renew Active® by UnitedHealthcare®, the gold standard in Medicare fitness programs. It includes a free gym membership at a fitness location you select from a large nationwide network, plus online classes and fun social activities.</p> <p>Call or go online to learn more and to get your confirmation code. Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
<b>Foot care (podiatry services)</b>	Foot exams and treatment <sup>1</sup>	20% coinsurance
	<b>Home health care<sup>1</sup></b>	\$0 copay
<b>Hospice</b>		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 our plan.
<b>In-home non-medical care</b>		\$0 copayment for 8 hours per month of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver. Unused hours do not roll over. Some restrictions and limitations apply.
	<b>Home-delivered meals</b>	\$0 copay for 21 home-delivered meals one time per year. Restrictions and limitations apply.
<b>Personal emergency response system (PERS)</b>		<p>\$0 copay</p> <p>Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.</p>
<b>Opioid treatment program services<sup>1</sup></b>		\$0 copay



## Additional benefits

		In-network and out-of-network
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>1</sup>	20% coinsurance
	Outpatient individual therapy visit <sup>1</sup>	20% coinsurance
<b>Private duty nursing<sup>1</sup></b>	<p>We cover medically necessary skilled nursing services provided in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. Services are covered when provided through a Medicare-certified or Accreditation Commission for Health Care (ACHC) accredited provider that can provide services safely in the home.</p> <p>The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. The face-to-face evaluation must occur no more than 90 days prior to the service request.</p> <p>The services requested must require the professional proficiency and skills of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) due to a complex medical need and/or unstable condition. Caregiver or other appropriate support must be available to assume a portion of care.</p> <p>Note: Custodial and domestic services are not covered.</p>	
		10% coinsurance for each visit, up to \$2,000 per plan year
<b>Renal dialysis<sup>1</sup></b>		20% coinsurance

## Additional benefits

### In-network and out-of-network

#### Steady Together

\$0 copay for the following services if you qualify for the Steady Together program and enroll in the fall prevention exercise program:

- You can get up to 8 hours per month of in-home personal care for 6 months following program enrollment
- Enrollment into the program can be done at any point during the plan year
- Benefits must be utilized by December 31, 2025
- Unused benefits do not roll over
- All benefits are provided through our participating vendors.
- The benefits mentioned are a part of a special supplemental benefit. To be eligible, you must have a qualifying condition, such as Dementia, and who also meet all applicable plan coverage criteria. Contact us for details.

<sup>1</sup> Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

<sup>2</sup> Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

\*Benefits are combined in and out-of-network

## About this plan

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all US territories.

## About providers

UnitedHealthcare® Group Medicare Advantage (PPO) has a network of doctors, hospitals, and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare program.

You can go to [retiree.uhc.com/nokia](https://retiree.uhc.com/nokia) to search for a network provider using the online directory.

## Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

The provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan.