

Annual Notice of Change 2027

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): NOKIA

Group Number: 12350



Download the **UnitedHealthcare app**



retiree.uhc.com/nokia



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

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



**United
Healthcare®**

NOKIA

More information will be available online

This Annual Notice of Change (ANOC) provides important highlights about changes to your plan for next year, but it may not include all the updates.

To see the complete and most up-to-date details for your plan, review 2027 plan materials at retiree.uhc.com/nokia which are available at anytime.



Provider Directory

Confirm that your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.



Evidence of Coverage (EOC)

Review your 2027 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services. It also has information about the quality program, how medical coverage decisions are made and your rights and responsibilities as a member.

We know some members prefer having paper copies of their plan materials. Call or chat with our Customer Service if you'd like printed 2027 plan materials. We're happy to send them to you at no cost.

You can also visit retiree.uhc.com/nokia to sign up for paperless delivery.

Annual Notice of Change for the 2027 plan year



You're enrolled as a member of UnitedHealthcare® Group Medicare Advantage (PPO).

This material describes changes to our plan's costs and benefits next plan year.

Members enrolled in our plan through a former employer, union group or trust administrator (plan sponsor) can make plan changes at times designated by your plan sponsor.

More Resources

- 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 materials in other languages, braille, large print and audio. You can also ask for an interpreter. Call us toll-free at **1-888-980-8117**, TTY **711**, 8 a.m.-8 p.m. local time, Monday-Friday.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen con nosotros. Por ejemplo, materiales en otros idiomas, braille, en letra grande o en audio. También puede pedir un intérprete. Llámenos al número gratuito **1-888-980-8117**, TTY **711**, 8 a.m. a 8 p.m., hora local, de lunes a viernes.

About UnitedHealthcare® Group Medicare Advantage (PPO)

- Plans are 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.
- When this material says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means UnitedHealthcare® Group Medicare Advantage (PPO).
- **If you do nothing, you'll automatically be enrolled in UnitedHealthcare® Group Medicare Advantage (PPO).** Starting January 1, 2027, you'll get your medical coverage through UnitedHealthcare® Group Medicare Advantage (PPO). Go to Section 2 for more information about how to change plans and deadlines for making a change.

Annual Notice of Change for 2027

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Summary of important costs for 2027

	2026 (this plan year)	2027 (next plan year)
Deductible	\$300 combined in-network and out-of-network (does not apply to insulin furnished through durable medical equipment) See Chapter 4 of the Evidence of Coverage for a list of items and services that apply to the deductible.	\$300 combined in-network and out-of-network (does not apply to insulin furnished through durable medical equipment) See Chapter 4 of the Evidence of Coverage for a list of items and services that apply to the deductible.
Maximum out-of-pocket amounts This is the most you'll pay out-of-pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From in-network and out-of-network providers combined: \$1,700	From in-network and out-of-network providers combined: \$1,700
Primary care office visits	You pay 20% coinsurance per visit (in-network). You pay 20% coinsurance per visit (out-of-network).	You pay 20% coinsurance per visit (in-network). You pay 20% coinsurance per visit (out-of-network).
Specialist office visits	You pay 20% coinsurance per visit (in-network). You pay 20% coinsurance per visit (out-of-network).	You pay 20% coinsurance per visit (in-network). You pay 20% coinsurance per visit (out-of-network).
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	You pay 10% of the total cost for each Medicare-covered hospital stay for unlimited days (in-network). You pay 10% of the total cost for each Medicare-covered hospital stay for	You pay 10% of the total cost for each Medicare-covered hospital stay for unlimited days (in-network). You pay 10% of the total cost for each Medicare-covered hospital stay for



Questions? Call Customer Service at **1-888-980-8117**, TTY **711**, 8 a.m.-8 p.m. local time, Monday-Friday

	2026 (this plan year)	2027 (next plan year)
	unlimited days (out-of-network).	unlimited days (out-of-network).

Section 1 Changes to Benefits & Costs for Next Plan Year

Section 1.1 Changes to the Monthly Plan Premium

Your group plan benefit administrator will notify you of any changes to your plan premium, if applicable. View your personalized health and welfare coverage options and costs at digital.alight.com/nokia.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the plan year.

	2026 (this plan year)	2027 (next plan year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Our plan premium, if applicable, doesn't count toward your maximum out-of-pocket amount.	\$1,700 Once you've paid \$1,700 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the plan year.	\$1,700 Once you've paid \$1,700 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the plan year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next plan year. Review the 2027 Provider Directory (retiree.uhc.com/nokia) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Because you are a member of the UnitedHealthcare Group Medicare Advantage (PPO) plan, **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.** Here's how to get an updated Provider Directory:

- Visit our website at retiree.uhc.com/nokia.
- Call Customer Service at 1-888-980-8117 (TTY users call 711) to get current provider information or to ask us to mail you a Provider Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the plan year. If a mid-year change in our providers affects you, call Customer Service at

1-888-980-8117 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this plan year)	2027 (next plan year)
Fitness program	In-network: You pay a \$0 copayment. Out-of-network: Not covered	In-network: You pay a \$0 copayment. Out-of-network: You pay 90% of the total cost if you use an out-of-network fitness provider. Memory and at-home kits are not covered.
Hearing Services Hearing Aids	You receive a \$500 allowance for prescription hearing aids, combined, every three years. You are responsible for any remaining balance after your allowance is applied. Non-prescription hearing aids are covered in-network. In-network: You pay a \$0 copayment Out-of-network: Not covered	You receive a \$500 allowance for prescription hearing aids, combined, every three years. You are responsible for any remaining balance after your allowance is applied. Non-prescription hearing aids are not covered in or out-of-network. In-network: You pay a \$0 copayment Out-of-network: You pay 90% of the total cost if you purchase hearing aids from an out-of-network provider.
Routine transportation	In-network: You pay a \$0 copayment. Out-of-network: Not covered.	In-network: You pay a \$0 copayment. Out-of-network:

	2026 (this plan year)	2027 (next plan year)
		You pay 90% of the total cost if you use an out-of-network meals, transportation, or in-home care provider. Benefit is combined in and out-of-network.

Section 2 How to Change Plans

To stay in our plan, you don’t need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare, you’ll automatically stay enrolled as a member for the new 2027 plan year. View your 2027 default coverage, other options available to you and your costs, if any, at digital.alight.com/nokia.

You should consult with your plan sponsor regarding the availability of other “employer-sponsored” coverage before you enroll in a plan not offered by your plan sponsor, or before ending your membership in our plan outside of your plan sponsor’s open enrollment period. It is important to understand your plan sponsor’s eligibility policies, and the possible impact to your retiree health care coverage options and other retirement benefits before submitting a request to enroll in a plan not offered by your plan sponsor, or a request to end your membership in our plan.

To learn more about Original Medicare and the different types of Medicare plans, visit www.Medicare.gov, check the **Medicare & You 2027 handbook**, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE.

Important Information for Participants in the Nokia

Medical Expense Plan for Retired Employees

Because you are enrolled in our plan through your plan sponsor, or former employer, you are only allowed to make plan changes at times designated by your plan sponsor or if you experience a qualified status change. To change your coverage for 2027 during the annual open enrollment period, use the Your Benefits Resources website at digital.alight.com/nokia. Outside of Nokia’s annual open enrollment period, call the Nokia Benefits Resource Center at 1-888-232-4111 to disenroll.

Section 2.1 Deadlines for Changing Plans

Because you are enrolled in our plan through your plan sponsor, you are only allowed to make plan changes at times designated by your plan sponsor.

Important Note: You may join or leave a plan only at certain times designated by your plan sponsor. If you choose to enroll in a Medicare health plan or Medicare prescription drug plan that is not offered by your plan sponsor, you may lose the option to enroll in a plan offered by your plan sponsor in the future. You could also lose coverage for other retirement benefits you may currently have through your plan sponsor. Once enrolled in our plan, if you choose to end your membership outside of your plan sponsor's open enrollment period, re-enrollment in any plan your plan sponsor offers may not be permitted, or you may have to wait until their next open enrollment period.

You should consult with your plan sponsor regarding the availability of other "employer-sponsored" coverage before you enroll in a plan not offered by your plan sponsor, or before ending your membership in our plan outside of your plan sponsor's open enrollment period. It is important to understand your plan sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other retirement benefits before submitting a request to enroll in a plan not offered by your plan sponsor, or a request to end your membership in our plan.

Section 3 Questions?

Get Help from UnitedHealthcare® Group Medicare Advantage (PPO)

- **Call Customer Service at 1-888-980-8117. (TTY users call 711).**

We're available for phone calls 8 a.m.-8 p.m. local time, Monday-Friday. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This **Annual Notice of Change** gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 **Evidence of Coverage** for UnitedHealthcare® Group Medicare Advantage (PPO). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services. Get the **Evidence of Coverage** on our website at retiree.uhc.com/nokia or call Customer Service at 1-888-980-8117 (TTY users call 711) to ask us to mail you a copy.

- **Visit retiree.uhc.com/nokia**

Our website has the most up-to-date information about our provider network (Provider Directory).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

Call State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. You can find your SHIP number and address in Exhibit A of the **Evidence of Coverage**.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2027**

The Medicare & You 2027 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ማሳሰቢያ:- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستؤثر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتتسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

אויפמערק: אויב איר רעדט **אידיש (Yiddish)**, קענט איר באקומען אומזיסטע שפראך הילף סערוויסעס און אומזיסטע קאמיוניקאציע אויף אנדערע פארמאטן, אזוי ווי גרויסע אותיות. רופט דעם אומזיסטן נומער אויף אייער מעמבער אידענטיפיקאציע קארטל.

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**

Phone: **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available at: **<https://www.uhc.com/nondiscrimination-med>**
<https://www.optum.com/en/language-assistance-nondiscrimination.html>