

2018

ANNUAL ENROLLMENT

myAmeren Benefits Guide

For Legacy AmerenIP Union
Represented Co-Workers



POWERING THE QUALITY OF LIFE

This Benefits Guide provides information about what is new and what is changing in 2018. It gives you the tools to **START PLANNING NOW** for healthcare coverage that is right for you and your family.

Information presented in this 2018 Benefits Guide is not a guarantee of coverage or benefits under the Ameren benefit plans. Any claims for benefits will be processed according to the plan in force at the time of the event. The legal Plan Documents, including contracts with insurance carriers, policies and certificates, which contain all of the details about the benefits provided, supersede this guide.



ANNUAL ENROLLMENT: November 1 to November 15, 2017

 **START PLANNING NOW**

Ameren is proud to provide comprehensive and cost effective benefits for you and your family and continue to offer you the opportunity to enroll in coverage that balances the flexibility you value with the affordability that's important to all of us.

Note there are several changes and opportunities for you with the 2018 benefits, so allow yourself plenty of time to understand your options. Take advantage of the tools and resources available to help you compare the medical plans. You may find that there is a better, more cost effective plan that meets your and your family's needs that will allow you to save for medical expenses both now, in the future and into retirement.

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ANNUAL ENROLLMENT: November 1 to November 15, 2017



START PLANNING NOW

Annual Enrollment Checklist

To enroll, go to myAmeren.com > [myAnnual Enrollment](#).

- You have new medical plan options available. Take the time to gather your costs by utilizing planning tools and resources. You will be glad you did.
- Confirm your Working Spouse Contribution if you cover your spouse in one of Ameren's medical plans. If your spouse does not have other group coverage available then you must specify that information each year; if you don't, you will be charged the Working Spouse Contribution.
- If you enroll in the Health Savings PPO this year and are eligible for the Health Savings Account (HSA), choose how much you would like to contribute to the HSA as an employee.
- Make an election if you wish to participate in the Healthcare Flexible Spending Account (FSA), Dependent Care FSA or Limited Purpose FSA in 2018.
- Make an annual election if you want to enroll in or cancel MetLaw Legal Services.
- Review all your beneficiary designations and update them as needed.
- If you add dependents to a medical, dental or vision plan, make sure to promptly respond to requests from the Ameren Benefits Center to provide documentation to verify your dependent's eligibility. Requests begin in January 2018.

Note: If the required documentation is not received by the deadline, or if a dependent is deemed ineligible, the dependent will be removed from coverage with limited opportunities to re-enroll.



Your New 2018 Benefit Package

Here is a quick overview of new options and changes to your 2018 Benefits. You will see changes to your 2018 medical, dental and vision benefits which allow for more flexible coverage levels of these benefits.

MEDICAL	<ul style="list-style-type: none"> You have three medical plan options: Defined PPO, Standard PPO and Health Savings PPO. If you enroll in the Health Savings PPO Medical Plan, you also have the opportunity to elect the Health Savings Account (HSA). If you open an HSA, Ameren will contribute funds which may be used for qualified medical expenses. You may also contribute before-tax dollars into your HSA through payroll deductions. Preventive care services are covered at 100%. This means you will not pay for these specific covered services. Watch for your new medical ID card from Anthem in the mail.
PRESCRIPTION DRUG	<ul style="list-style-type: none"> If you choose the Standard or Defined PPO medical plan, you have the choice of a coinsurance or three-tier option for prescription coverage. If you choose the Health Savings PPO medical plan, you will pay 20% coinsurance after you have met the medical plan deductible. However, for preventive medications the deductible is waived and you pay 20%. Generic preventive statin drug prescriptions (for high cholesterol) and generic contraceptives can be refilled at no cost to you for all prescription drug coverage.
DENTAL	<ul style="list-style-type: none"> You have the opportunity to enroll or change your dental election each year during Annual Enrollment. Orthodontic benefits are now available. The maximum annual benefit for each family member has increased from \$1,000 to \$3,000. There are minimal deductible and coinsurance changes.
VISION	<ul style="list-style-type: none"> Addition of Laser Vision Correction Surgery benefit of \$500 annually.
OTHER BENEFIT CHANGES	<ul style="list-style-type: none"> There is a new Flexible Spending and Commuter Pass vendor, WageWorks. Co-workers who elect a Flexible Spending Account (FSA) for 2018 will receive a debit card in the mail from WageWorks. You must actively make a selection for the Working Spouse Contribution during Annual Enrollment if your spouse does not have medical coverage available through their employer. If you choose medical coverage for your spouse and do not make a change to the Working Spouse Contribution, you will incur a \$75 per month, before-tax deduction.
LONG-TERM DISABILITY	<ul style="list-style-type: none"> There are several changes to the Long-Term Disability plan. Details are on page 29.
401(K)	<ul style="list-style-type: none"> You may elect to have your compensation reduced on a before-tax or after-tax (Roth 401(k) Contributions) basis during each payroll period by a whole percentage, between 1% and 100% of your compensation. Effective January 1, 2018, non-Roth after-tax contributions will no longer be permitted. If you have a non-Roth, after-tax account, you will be permitted to maintain the account, but you will no longer be able to contribute toward it. If you elect to contribute 1-2% from your paycheck into your Savings Investment Plan 401(k) account, Ameren will match your contribution dollar for dollar. If you elect to contribute 3-6% of your paycheck into your 401(k), Ameren will contribute \$.50 for every dollar you contribute. You may borrow against your account subject to certain provisions. Effective January 1, 2018, you may not have more than two loans outstanding at any time. If you have a third loan outstanding on January 1, 2018, you will be permitted to maintain the third loan but you will not be able to request a third loan after January 1, 2018.

Planning Tools and Resources



Take advantage of the tools and resources available to you online at myAmeren.com. These tools will help you to choose the benefits that are right for you.

PLANNING TOOLS AND RESOURCES

myAmeren.com > Healthcare & Life Benefits > Tools & Resources	<p>HEALTH PLAN EVALUATOR</p> <p>Evaluate the medical plans to help you choose the best plan for you and your family. This tool estimates your total out-of-pocket healthcare expenses for each plan option.</p>
myAmeren.com > Healthcare & Life Benefits > Tools & Resources	<p>FLEXIBLE SPENDING ACCOUNT (FSA) CALCULATORS</p> <p>Calculate how much you should contribute to your Healthcare FSA or Dependent Care FSA. It will be helpful to have 2017 total medical expenses from Anthem and total prescription expenses from Express Script to use the calculator features.</p>
myAmeren.com > Healthcare & Life Benefits > Tools & Resources	<p>CALCULATE LIFE INSURANCE NEEDS</p> <p>Determine how much coverage makes sense for you.</p>
anthem.com	<p>Review your medical claims to have a better understanding of treatment costs you received in the past.</p> <p>Find a wealth of information to help you locate in-network providers, personal health information and much more. To receive the highest level of benefits, be sure your current doctor(s), preferred hospitals and other providers participate in the Anthem BlueCross BlueShield PPO network.</p> <p>You can also use the Estimate Your Cost tool to see how prices may vary for different medical procedures and treatments.</p>
express-scripts.com	Review your prescription claim costs, verify medication coverage, view detailed drug information and much more.
express-scripts.com/ameren	Check prescription drug coverage for 2018 and see what a medication would cost if you chose a different plan option.



TOOL

Contact Information

See the [CONTACT INFORMATION](#) chart on page 27 for additional websites available to you.

How to Enroll or Make Changes to Your Benefits

Enroll Online

1. Go to **myAmeren.com** and use your myAmeren.com User ID and Password to log in. If you do not have one, you will need to register on **myAmeren.com** to create your personal User ID and Password.
2. Click on the **Enroll Now** link.

You may access **myAmeren.com** at a computer from work or home. If you forgot your myAmeren.com User ID or Password, click *Forgot User ID* or *Forgot Password* for assistance.

Enroll by Calling the Ameren Benefits Center

1. Call **877.7my.Ameren** (877.769.2637), option 2, Monday through Friday from 8 a.m. to 6 p.m. CT. For TDD communication services for the hearing impaired, call **800.TDD.TDD4** (800.833.8334).
2. To protect your privacy, you will be required to answer questions to verify your identity.

If You Don't Enroll (Default Options)

If you don't actively enroll in or waive medical coverage this year during Annual Enrollment, your medical coverage for you and your family will change to the Health Savings PPO Plan without the HSA Plan. If you actively waived coverage last year, your waived medical coverage will also be in place for 2018. If you waive coverage you will no longer receive a monthly credit of \$30.

Making Changes to Your Coverage During the Year

Once you enroll, you cannot change certain benefit elections until the next Annual Enrollment, unless you have a qualified change in status, including, but not limited to:

- Marriage or divorce
- Birth or adoption
- Certain changes to your (or your spouse's) job or employment status
- Certain changes in your child's dependent status
- Death of a covered dependent

If you have a qualified change in status, you have 31 days from the date of the event to make a change to your benefits. Otherwise, you will have to wait until the next Annual Enrollment period to make changes. See your Summary Plan Descriptions (SPD) for details on qualified changes in status.

Be aware documentation will be required for any new dependent added to medical, dental or vision coverage. Requests for information will come in the mail from the Ameren Benefits Center after your dependent has been added. If the required documentation is not submitted by the deadline, or if a dependent is deemed ineligible, the dependent will be removed from coverage with limited opportunities to re-enroll. Mailed information includes detailed instructions on what type of documentation is required, how and where to provide copies, as well as the deadline for submission.



TIP

Special Note for Surviving Dependents, Cobra, Long-Term Disability and Leave Of Absence Participants

Surviving dependents may be eligible for medical and prescription drug benefits.

COBRA participants are eligible for medical, prescription drug, dental, vision and Work-Life Employee Assistance Program (EAP) benefits.

Co-workers on long-term disability or an unpaid leave of absence are eligible for most active healthcare and life benefits, but not the Healthcare or Dependent Care FSA.

Are Your Beneficiaries Current?

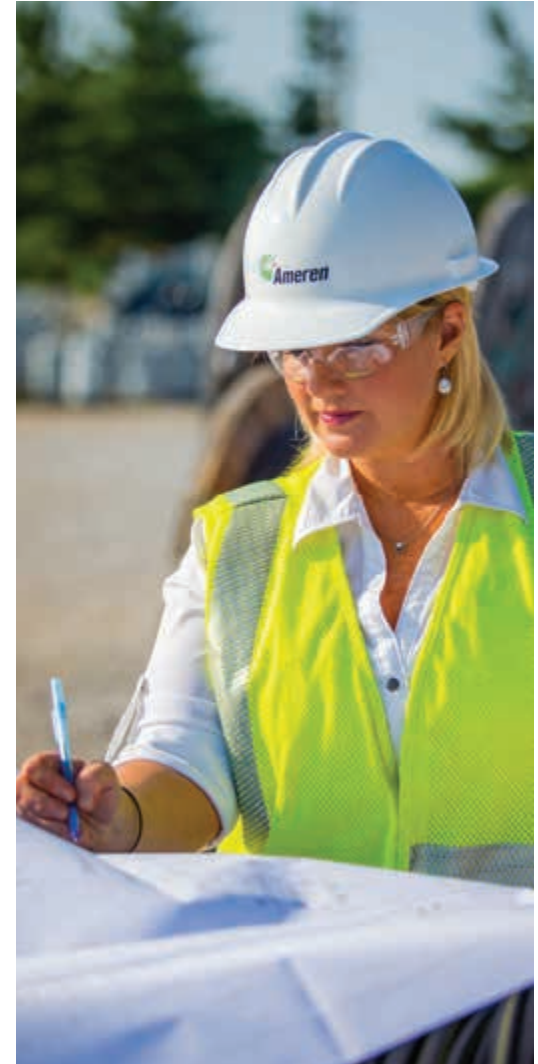
It's important that you name the people, estate or trust that will receive the benefits related to your programs (for example, 401(k) savings, pension and life insurance benefits) in the event of your death. Annual Enrollment is a good time to review your beneficiaries and update them if necessary. Go to myAmeren.com and click on **Beneficiaries**.



TIP

Summary of Benefits and Coverage

You can access a Summary of Benefits and Coverage (SBC) for each medical plan choice at myAmeren.com. A requirement of the Patient Protection and Affordable Care Act (PPACA), the SBC outlines what each medical plan option covers and your out-of-pocket costs.



Important Reminders



Don't Miss this Opportunity

You have new medical plan options to choose from this year. Make sure to set aside time to evaluate your options so you can choose the plan that best meets your needs now and helps you save for the future.

If you do not actively enroll by November 15, 2017 you will miss the opportunity to choose a medical plan and will be defaulted into the Health Savings PPO without a Health Savings Account. If you waived medical coverage in 2017 your medical plan election will remain waived for 2018.

Your next opportunity to enroll or make changes for most benefits—including adding or removing dependents—will be the fall of 2018, with benefit changes effective January 1, 2019. The only exception is if you have a qualified change in status. See page 6 for a list of qualified change in status.

Working Spouse Contribution ACTION IS REQUIRED

You must verify whether or not your spouse is working and is eligible for coverage through their own employer during each Annual Enrollment period, **or the additional charge will automatically be applied.**

In 2018, if you choose to cover your spouse and they are eligible for group medical coverage from their own employer, there will be an additional Working Spouse Contribution per month, in addition to the stated monthly premiums to have them covered. For the *Options Program*, the contribution of \$75 per month will appear as a before-tax deduction on your paycheck. In 2019, the contribution will increase to \$100 per month.

This does not apply if your spouse is retired or covered by Medicaid or Medicare. This provision only applies to medical and prescription drug coverage regardless of which plan you choose. The Working Spouse Contribution does not apply to dental and vision. So, if you decide to drop your spouse from Ameren's medical plan, they may still be covered for dental and vision without the Working Spouse Contribution.



TIP

Here's One Less Thing to Think About While You Start Planning Now

Consider electing the automatic increase option in Ameren's 401(k) plan. With this feature, the percentage you contribute to the plan each year will automatically increase—at a percentage that you designate—to help increase your retirement savings.

Dependent Eligibility DOCUMENTATION IS REQUIRED if you Add a Dependent to Coverage

If you add a dependent to a medical, dental or vision plan during Annual Enrollment or during the plan year following a qualified change in status, you will receive a request to provide documentation to verify your dependent's eligibility for coverage. If the required documentation is not received by the deadline, or if a dependent is deemed ineligible, the dependent will be removed from coverage with limited opportunities to re-enroll.

Express Scripts

The coverage and pricing terms of prescriptions are subject to change. Check to make sure the medications you take are covered for 2018 by visiting express-scripts.com/ameren.

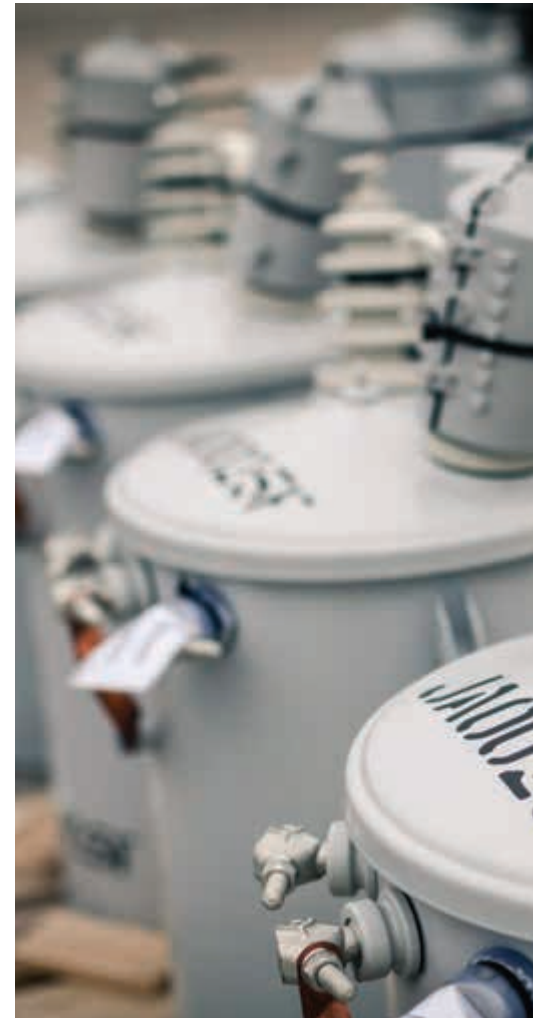
TOOL

Refer to the National Drug formulary at myAmeren.com, select Healthcare & Life Benefits, then Tools & Resources, Documents & Forms and then Miscellaneous Documents or at express-scripts.com for a listing of the drugs that are Preferred Brand Name. The list of covered drugs may change from year to year, so be sure to check for updates.

TIP Be Informed

Patient Protection and Affordable Care Act (PPACA)

Coverage requirement: Under PPACA, all individuals are required to maintain healthcare coverage or pay a penalty. If you waive Ameren coverage and do not have individual healthcare coverage either through a healthcare marketplace, Medicare or elsewhere, you will be assessed a tax penalty.



Eligibility

You are eligible to participate in Ameren benefit plans if you are a Legacy AmerenIP Union Represented Co-Worker. You can enroll yourself and your eligible dependents for coverage. You must participate in the plan yourself to enroll your eligible dependents.

Dependents generally include your spouse and child or children up to age 26. Contact the Ameren Benefits Center for questions about dependent eligibility.

Make Sure Your Dependents are Eligible

It is your responsibility to ensure that your covered dependents are eligible to participate in Ameren's benefit plans. You will be asked to provide documentation for any dependents you choose to cover. Consider any changes that may have occurred, such as a marriage or divorce. If eligible, your children may enroll in medical, dental and vision coverage as well as dependent life and AD&D until their 26th birthday.

If You Have a Dependent Who is Also an Ameren Co-Worker or Retiree

Enrollment of your dependents must be in compliance with the eligibility rules for your specific benefit plan. In general, you may not elect Ameren Healthcare & Life benefits as a co-worker and also receive coverage as another Ameren co-worker or retiree's dependent.

If your spouse is also an Ameren co-worker, your spouse is not eligible for coverage under this plan as a dependent. Also, only one parent may cover eligible dependent children under Ameren Healthcare & Life benefits.

A dependent child under the age of 26 who is also an Ameren co-worker and eligible for Ameren Medical Plan coverage can be covered either as a co-worker or as the dependent child of another Ameren co-worker, but not both.

Adding or Dropping Dependents

Remember you only have 31 days from the date of any change in family status to make enrollment changes. Contact the Ameren Benefits Center at **877.7my.Ameren** (877.769.2637), option 2, within 31 days to add a new baby, report a marriage or divorce or any other family status change.

Coverage of Certain Dependents May Be Taxable

As part of the PPACA, your children, stepchildren and foster children may receive Ameren healthcare coverage (including medical, dental and vision coverage) on a tax-free basis until they reach age 26. Healthcare coverage provided to other children may be provided on a tax-free basis only if the child meets the guidelines for being a qualified tax dependent for healthcare purposes under IRS rules. If you cover a dependent under an Ameren healthcare plan, you are responsible for determining whether the dependent is eligible for tax-free coverage.

If you have questions, or determine that one or more of your dependents are not eligible for tax-free employer-provided healthcare, you must contact the Ameren Benefits Center at **877.7my.Ameren** (877.769.2637), option 2.

To review your Summary Plan Descriptions (SPD), go online to **myAmeren.com**; select the **Healthcare & Life Benefits** link, then **Library**. Updated SPDs will be posted online.

Ameren's Well-Being Initiative



START PLANNING NOW

Ameren's most valuable resource is its co-workers; therefore, investing in you is a top priority of the Ameren Well-Being Initiative. Such investments offer co-workers and their families support to actively engage in the process of becoming aware of and making choices toward a healthy and fulfilling life. Ameren co-workers have access to a multitude of well-being resources that support their physical, emotional, social and financial health. Take a look at just a few of these resources highlighted below:

No-Cost Tobacco Cessation Support

Time to quit tobacco? Support makes all the difference. Co-workers and their spouses have the opportunity to use QuitNet; a free program to help them quit using tobacco. Start today at Quitnet.com/Ameren or call **866.577.7173**.

No-Cost Support for Wherever You Are in Life

Magellan, Ameren's Work-Life Employee Assistance Program (EAP) program, provides you with useful tools and resources that can help make the most out of your day or guide you through a difficult time. Take advantage of the opportunity to receive professional consultations with work-life specialists for a variety of situations, including:

- Child care and parenting
- Adult care and aging
- Managing stress
- Life's daily challenges

Magellan specialists are available for simple questions like quick ways to de-stress or how to make more time in your schedule, to more complex issues like finding support after the loss of a loved one. If you need support or a resource referral, chances are Magellan can help! Visit magellanhealth.com/member or call **800.289.1109**.



TIP

Did You Know?

EAP provides legal and financial consultation services for you and your family on a number of issues. Just call **800.289.1109** for assistance.



TOOL

Ameren's Well-Being Resource Page

This intranet site has been created to provide you with education, information and resources designed to assist you in your personal well-being journey. Visit [Scholar > EXTRA > Well-being](#) to learn about all the resources and programs Ameren has to offer.



Your New Health Coverage Options



Make sure you fully understand the three medical options that are now available to you.

For 2018, you have new medical coverage choices provided under the *Options Program*. You have the choice of three medical plans—Defined PPO, Standard PPO and Health Savings PPO. All three are administered by Anthem Blue Cross Blue Shield and use the same network of doctors that you currently use.

Choosing the right medical plan is an important decision for you and your family. When you choose a medical plan, consider what option is best for you now but also consider the opportunity to **START PLANNING** for medical expenses in the future.

Choose the Best Plan for You and Your Family

An online Health Plan Evaluator tool is available to help you determine which plan is right for you and your family. Go to myAmeren.com and click on **Enroll Now** then click on the various tools in Annual Enrollment To-Do list.

MEDICAL PLAN	PLAN ADVANTAGES	CONSIDERATIONS YOU SHOULD KEEP IN MIND
HEALTH SAVINGS PPO	<ul style="list-style-type: none"> • Lowest payroll contributions • In-network and out-of-network coverage • HSA savings opportunity and tax advantages • 100% preventive care benefits 	<ul style="list-style-type: none"> • Highest deductibles • Most medical and prescription costs apply to same deductible • No individual deductible if family members are covered
STANDARD PPO	<ul style="list-style-type: none"> • In-network and out-of-network coverage • The plan pays 90% for in-network providers after you meet your deductible • Can choose either the Coinsurance or Three-Tier prescription drug option • 100% preventive care benefits 	<ul style="list-style-type: none"> • Moderate out-of-pocket costs • Moderate payroll contributions
DEFINED PPO	<ul style="list-style-type: none"> • More predictable out-of-pocket costs • Can choose either the Coinsurance or Three-Tier prescription drug option • 100% preventive care benefits 	<ul style="list-style-type: none"> • Must use in-network providers, except for emergencies • Highest payroll contributions

TELEMEDICINE—LiveHealth Online (available in all medical plans) lets you have a virtual office visit with a doctor 24 hours per day through your smartphone or computer with Internet access and a camera. The cost will be treated like any other visit to a primary care physician. Avoid the wait in the ER or the doctor's office and take care of minor physical or mental health issues with just a few clicks. To access LiveHealth Online, see your Anthem ID card or go to livehealthonline.com.

If viewing this summary online, click **here** to see the convenience of LiveHealth Online in action.



Prescription Drug Coverage

You have a number of prescription drug coverage choices available to you under the *Options Program*. Read this section for an overview of the prescription drug coverage options for each plan.

For Health Savings PPO Plan

If you choose the Health Savings PPO option, prescription drug coverage through Express Scripts is included but works differently than the Standard and Defined PPO plans. The Health Savings PPO medical plan deductible must be met before payments begin with some exceptions. Costs for prescription drugs are applied to the deductible except for covered generic preventive statin medications and covered contraceptive medications purchased at an in-network pharmacy which are \$0 cost.

Once your deductible has been met, you pay 20% of Express Scripts discounted price for the medication, no matter which category the drug falls into. The prescription drug benefit is electronically integrated with the medical plan, so most pharmacies will know if you have met your deductible. If you have questions about the prescription drug benefit under the Health Savings PPO, go online to express-scripts.com or call **888.256.6131**.

When purchasing preventive medication, you pay 20% coinsurance for the medication no matter if you have met your medical deductible or not. The coinsurance will apply to your out-of-pocket maximum.

For Defined PPO or Standard PPO Plans

If you choose the Defined PPO or Standard PPO medical plan, you have two choices for prescription drug coverage:

Three-Tier

Under the *Options Program*, Three-Tier coverage is available. This means your cost for a prescription depends on which category the drug falls into.

THREE-TIER PRESCRIPTION DRUG CATEGORIES

GENERIC

\$10 Copayment

If you use a generic drug, you generally pay the lowest copayment, and you get the same medicine as the original brand name drug but for less.

PREFERRED BRAND NAME

\$30 Copayment

If you use a preferred brand-name drug, you generally pay a higher copayment than you would if you had used a generic drug. The combination of safety, effectiveness and cost places these drugs on the formulary prescription drug list and are preferred by the plan.

NON-PREFERRED BRAND NAME

\$50 Copayment

If you use a non-preferred brand-name drug, you generally pay the highest copayment. A generic or preferred brand-name drug can be equally effective but costs less.

Review your prescription claim costs, verify medication coverage, view detailed drug information and much more.

First time users, log onto express-scripts.com/ameren to register and create an Express Scripts account.

Coinurance Option: With this option, you pay 20% of the Express Scripts discounted price for each medication, no matter what category the drug falls into, after a separate prescription deductible of \$250/individual or \$500/family. Generic preventive statin drug prescriptions and generic contraceptives are covered at 100% with no deductible.

There is an out-of-pocket maximum of \$750/individual or \$1,500/family. Once you pay this out-of-pocket amount for covered prescriptions, the plan will pay 100% for your covered drugs for the remainder of the year.

All of the prescription drug options are administered by Express Scripts. If you have questions about your prescription drug benefits, go online to express-scripts.com or call Express Scripts at **888.256.6131**.

Statin, Tobacco Cessation, Weight Loss and Over-the-Counter Medications

Under the *Options Program*, generic preventive statin drug prescriptions for high cholesterol and generic contraceptives can be filled at no cost to you. Additionally, you have coverage for prescription medications for tobacco cessation and clinically approved weight loss prescription drugs. This does not include any over-the-counter support items for tobacco cessation or weight loss. However, patches and gum for tobacco cessation are covered by QuitNet (see page 11).

Express Scripts

To help you decide which prescription drug plan (Three-Tier Option vs. the Coinurance Option) is best for you and your family, use the Express Scripts Annual Enrollment Information tool on express-scripts.com/ameren. There, you can see how much you would pay for your medication depending on the plan you choose, as well as view an estimate of your annual out-of-pocket prescription drug costs. Be sure to have your prescriptions handy as you will need to enter medication names and dosages.

The coverage and pricing terms of prescriptions are subject to change. Refer to the National Drug formulary at express-scripts.com to make sure your medications are still covered in 2018. The list of covered drugs can change frequently, so be sure to check for updates.

Step Therapy

Participants enrolled in a *Options Program* medical plan with prescription drug coverage may be subject to step therapy requirements. Step therapy means that before prescriptions can be approved and covered, you and your doctor must first try certain medications specified by the plan. If these specified medications don't work for you, then you and your doctor can "step up" to other alternatives.

If you are already taking a brand-name drug that is part of the step therapy program, step therapy will not apply. Your pharmacist will inform you if step therapy applies to your medication.



TOOL

Refer to the National Drug formulary at express-scripts.com for a listing of the drugs that are Preferred Brand Name. The list of covered drugs may change from year to year, so be sure to check for updates.

Specialty Medications

For specialty medications, or those that require special handling or administration, Accredo Specialty Pharmacy provides additional support for you. Services are designed to help you get the most benefit from your specialty medication and include:

- A patient care coordinator
- Delivery of medications to your home
- Many of the needed supplies for injectable products
- Educational services

You will be notified by Express Scripts or your pharmacist if your prescription drug is a specialty medication. If you have questions about your specialty medication, call Accredo Specialty Pharmacy at **877.895.9697**.



TIP

Home Delivery

If you are taking a drug on a long-term basis to treat an ongoing medical condition, you have the option of receiving a 90-day supply of your medication through the Home Delivery program provided by Express Scripts. With Home Delivery, you have the opportunity to have your medication mailed to your home instead of obtaining it at a retail pharmacy. Mail delivery to your home is safe, convenient and economical—you can receive a larger supply of your medication at a reduced cost. Participation in Home Delivery is voluntary.



2018 Medical and Prescription Plan – Options Program

ANTHEM BLUECROSS BLUESHIELD NATIONAL PPO NETWORK						
MEDICAL	HEALTH SAVINGS PPO		STANDARD PPO		DEFINED PPO	
<i>Monthly payroll contribution to cover:</i>						
PRESCRIPTION DRUG COVERAGE	Includes prescription drug coverage. Prescription drugs apply to deductible.		Coinsurance	Three-Tier	Coinsurance	Three-Tier
You Only	\$30		\$63	\$72	\$70	\$79
You + Spouse	\$99		\$220	\$231	\$253	\$263
You + Children	\$79		\$169	\$179	\$194	\$203
You + Family	\$169		\$326	\$338	\$377	\$387
<i>A before-tax Working Spouse Contribution of \$75 per month will apply for a working spouse who is eligible for coverage through their own employer and is covered by a plan in the Options Program.</i>						
	NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER	NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER	NETWORK PROVIDER	
Deductible (The amount you owe for healthcare services that the plan covers before your plan begins to pay.)	\$1,400 for single coverage \$2,800 combined if you and any family member are covered		\$400 per individual, when visiting network providers \$800 per family, when visiting network providers	\$600 per individual, when visiting out-of-network providers \$1,200 per family, when visiting out-of-network providers	\$250 per individual \$500 per family Applies to covered expenses that do not have a copayment.	
			In-network deductible applies to out-of-network deductible and vice versa.			
Coinsurance (Your share of the costs of a covered healthcare service, calculated as a percent of the allowed amount for the service.)	20% if you visit a network provider and you've met your deductible.	40% of maximum allowed charges if you visit a out-of-network provider and you've met your deductible.	10% if you visit a network provider and you've met your deductible.	30% of maximum allowed charges if you visit a out-of-network provider and you've met your deductible.	0% when you visit a network provider, after applicable copayments or you've met your deductible. 100% when you visit a out-of-network provider.	
Copayment (The fixed amount you pay for a covered healthcare service; usually collected by the provider when you receive the service.)	NONE. There is no copayment when you visit a network provider, but coinsurance and deductibles apply.	NONE. There is no copayment when you visit a out-of-network provider, but coinsurance and deductibles apply.	Except for the \$150 ER copayment, there is no copayment when you visit a network provider, but coinsurance and deductibles apply.	Except for the \$150 ER copayment, there is no copayment when you visit a out-of-network provider, but coinsurance and deductibles apply.	\$15 when you visit LiveHealth Online \$25 when you visit a primary care network provider \$40 when you visit a network specialist \$150 emergency room \$75 outpatient facility \$150/day inpatient facility (\$600 maximum)	

2018 Medical and Prescription Plan – Options Program (continued)

ANTHEM BLUECROSS BLUESHIELD NATIONAL PPO NETWORK					
MEDICAL	HEALTH SAVINGS PPO (with prescription drug coverage)		STANDARD PPO		DEFINED PPO
	NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER	NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER	NETWORK PROVIDER
Out-of-Pocket Limit (The most you pay during a plan year before the plan begins to pay 100% of the allowed amount.)	\$3,000 per individual	\$5,000 per individual	\$2,500 per individual	\$5,000 per individual	\$2,500 per individual or \$5,000 per family when visiting network providers
	\$6,000 per family when visiting network providers	\$10,000 per family when visiting out-of-network providers	\$5,000 per family when visiting network providers	\$10,000 per family when visiting out-of-network providers	
Out-of-Network Coverage (Are visits to out-of-network providers covered?)	YES. Out-of-pocket limits and coinsurance percentages apply.		YES. Out-of-pocket limits and coinsurance percentages apply.		NO. If you visit a out-of-network provider, you are responsible for 100% of the cost, except for certain emergencies as indicated by the plan.
Preventive Care	Preventive care benefit paid at 100% for network providers.	Preventive care benefit paid at 70% for out-of-network providers with no deductible.	Preventive care benefit paid at 100% for network providers.	Preventive care benefit paid at 70% for out-of-network providers with no deductible.	Preventive care benefit paid at 100% for network providers.
PRESCRIPTION DRUG	Coinsurance/Copayment		Standard PPO and Defined PPO Options		
	20% of Express Scripts discounted price after meeting the deductible above. No deductible or coinsurance for generic preventive statin (high-cholesterol) drug prescriptions and generic contraceptives. 20% coinsurance for preventive medications without having to meet the deductible.		Coinsurance 20% of Express Scripts discounted price after meeting a \$250 individual or \$500 family deductible. Annual out-of-pocket limit for covered prescription medications applies (\$750 for individual, \$1,500 per family). No deductible or coinsurance for generic preventive statin drug prescriptions and generic contraceptives. OR Three-Tier \$10 for generic drugs; \$20 for three-month supply at Home Delivery \$30 for preferred brand-name drugs; \$60 for three-month supply at Home Delivery \$50 for non-preferred brand-name drugs; \$100 for three-month supply at Home Delivery \$0 copayment generic preventive statin drug prescriptions and generic contraceptives Annual out-of-pocket maximum (\$4,000 per individual, \$8,000 per family)		
<p><i>This chart is intended to provide a comparison of the most commonly used services to help you understand how the plans pay for benefits. The specific plan document supersedes this summary.</i></p> <p><i>All plans use Anthem's National PPO network of providers (BlueCard).</i></p>					

Health Savings PPO



START PLANNING NOW

Is the Health Savings PPO Right for You?

If you answer “yes” to any of these questions, the Health Savings PPO might be right for you.

- Do you want to save for medical costs in the future and in retirement?
- Are you looking for a way to lower your taxes and increase your take-home pay?
- Do you want to pay for healthcare as you use it?

Six Common Features

1. Same Anthem network as other plans
2. Deductible
3. Coinsurance
4. In and out of network coverage
5. Preventive care
6. Out-of-pocket maximum

The Health Savings PPO is a Qualified High Deductible Health Plan (HDHP). While the Health Savings PPO features a different approach to healthcare than the Defined PPO and the Standard PPO, they have many basic features in common:

- Each option includes the Anthem BlueCross BlueShield PPO network of preferred providers.

- Your share of covered expenses, and the maximum you pay out-of-pocket, both depend on whether you obtain covered medical services from in-network or out-of-network providers.
- You generally must meet an annual deductible before the plan starts paying its share of covered expenses. There is an exception of a few preventive medications which can be filled before the deductible is met.
- Preventive care services are paid with no deductible, copayment or out-of-pocket amounts.

Four Unique Features

1. Combined prescription and medical deductible
2. Combined family deductible
3. Individual out-of-pocket maximum
4. Potential Health Savings Account eligibility

- **If you choose You Only coverage.** The deductible is \$1,400. The plan does not pay benefits until you incur \$1,400 of covered medical and prescription drug expenses, except for preventive care services and certain medications.

- **If you choose You + any family member(s) coverage.** The deductible is \$2,800. The plan does not pay benefits until your combined family unit incurs \$2,800 of covered medical and prescription drug expenses, except for preventive care services. This deductible can be met by one covered family member or any combination of covered family members. There is no individual deductible if you enroll yourself and any other family member on this plan. Keep in mind that out-of-pocket maximums apply to each covered participant individually.
- **Health Savings Account (HSA).** You may be eligible to set up a special type of account (called an HSA) that allows you to use before-tax payroll contributions to pay for qualifying medical expenses (deductibles, coinsurance payments, prescription drugs, dental and vision expenses are qualifying expenses—monthly plan payroll deductions are not).

Note: You must enroll in the Health Savings PPO and meet all IRS criteria in order to open an HSA.

HSA Advantages

Participating in a Health Savings Account is a great way to start to start planning now for both current and future healthcare costs. The HSA is a personal account, much like a bank account or 401(k) account and can be established with many financial institutions. However, if you choose the Health Savings PPO with HSA medical plan, an account will be opened at Fidelity, and Ameren will make contributions to your HSA, which can be used to help meet your annual deductible. If you are viewing this summary online, click [here](#) to learn more about your Health Savings Account with Fidelity.

ADVANTAGE	HOW YOU WIN
TRIPLE TAX-SAVING POWER	HSA contributions are withheld from your paycheck before federal taxes — and most state taxes — are taken. Funds in your account are never taxed as long as you spend them on qualified healthcare expenses. You can claim a tax deduction for your contributions even if you don't itemize on your tax return.
INVESTMENT OPTIONS	Your HSA earns tax-free interest. When the account balance hits \$500, you may invest in a broad range of funds for more tax-free earnings.
NO "USE IT OR LOSE IT"	Unlike flexible spending accounts, HSAs roll over from year to year. Use it — or save it!
YOU OWN THE ACCOUNT	Your HSA and all the money in it are yours, even if you leave Ameren or retire.
FREE MONEY!	Ameren will contribute \$650 to your HSA if you have You Only coverage or \$1,300 if you have You + any family member(s) coverage. Ameren deposits HSA contributions each quarter.
QUALIFIED EXPENSES	Qualified medical expenses are those expenses that generally would qualify for the medical and dental expenses deduction. Visit irs.gov/pub/irs-pdf/p502.pdf to see all qualified and non-qualified expenses. A medicine or drug will be a qualified medical expense for HSA purposes only if the medicine or drug: <ul style="list-style-type: none"> • Requires a prescription • Is available without a prescription (an over-the-counter medicine or drug) and you get a prescription for it • Is insulin Non-prescription medicines (other than insulin) aren't considered qualified medical expenses for HSA purposes.

Be certain that you are eligible to open an HSA. If you are not eligible, you can elect the Health Savings PPO without HSA medical plan option. To verify your eligibility, contact the Ameren Benefits Center at **877.7my.Ameren** (877.769.2637), option 2.

HSA CHECKLIST (ONLY IF YOU ELECT THE HEALTH SAVINGS PPO)

- Elect the Health Savings PPO with HSA medical plan option. You must elect your payroll contribution through **myAmeren.com** and **Healthcare & Life Benefits**. You can change the amount you contribute to the account any time throughout the plan year. The 2018 annual contribution limit for **HSA You Only** coverage is **\$3,450** for **HSA You + any family member(s)** coverage is **\$6,900**.
- To be eligible to open an HSA, you have to be:
 - Enrolled in the Health Savings PPO
 - Not enrolled in Medicare, Tricare or another medical plan that is not a High Deductible Health Plan
 - Not claimed as a dependent on another person's tax return

Note: The type of plan your spouse is enrolled in could be a factor. Contact Fidelity at **800.544.3716** or your personal financial planner or tax advisor if you have questions.
- Keep records of your expenses.
- Keep in mind that your account will be charged a nominal quarterly account fee.
- Contact Fidelity to learn more about investment options for balances over \$500.

Things to Know About Your HSA

- **Limited Healthcare FSA access**—Even though you cannot contribute to a regular Healthcare FSA when you enroll in the Health Savings PPO, a limited plan can be used only for certain dental and vision expenses.
- **You Must Elect Your HSA Contribution Every Year**—Your HSA contribution election does not carry over from one year to the next. Therefore, if you want to contribute to your HSA, you must elect your payroll contribution amount each year. You can change your HSA payroll contribution election at any time throughout the year.
- **Notice for Health Savings PPO Participants**—Although your children, stepchildren and foster children may receive their healthcare coverage under the Health Savings PPO on a tax-free basis, their medical expenses may not be reimbursed from an HSA on a tax-free basis unless they meet the guidelines for being a qualified tax dependent for healthcare purposes as noted on page 10. In addition, any taxable distribution may be subject to a 20% penalty. Check with your tax advisor if you have any questions.

TOOL

For more information about HSAs, visit the U.S. Treasury Department website at treasury.gov/resource-center/faqs/taxes/pages/health-savings-accounts.aspx. This site includes valuable information including an HSA fact sheet, HSA basics, frequently asked questions and links to related IRS documents.



Dental

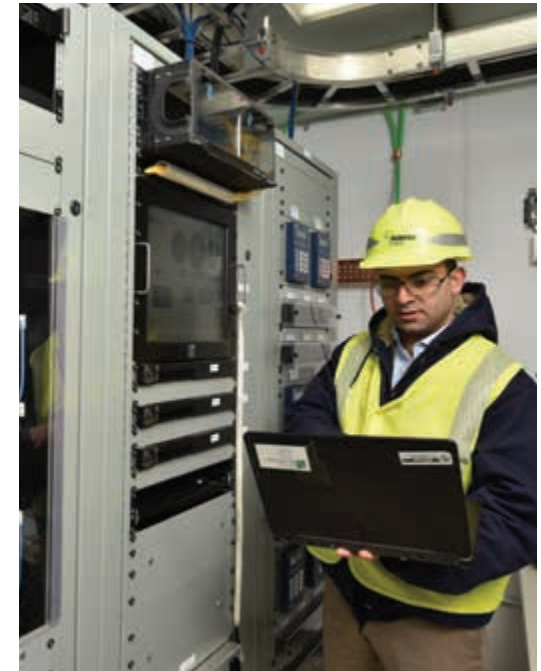
Dental Coverage

Ameren is pleased to announce that you now have the opportunity to enroll or change your election for dental coverage each year during Annual Enrollment.

Dental coverage is provided through Delta Dental. After you pay your annual deductible, the dental plan will pay for a portion of your covered expenses as shown in the Schedule of Benefits. If your dentist is in the Delta Dental PPO or Premier networks, you may be eligible for discounts on your services.

To find a provider in the network, go to deltadentalmo.com. You save twice by using a network provider—lower coinsurance percentage and a discounted price on services.

2018 MONTHLY PAYROLL CONTRIBUTIONS FOR DENTAL COVERAGE			
YOU ONLY	YOU + SPOUSE	YOU + CHILDREN	YOU + FAMILY
\$6	\$16	\$20	\$32



DENTAL SCHEDULE OF BENEFITS			
PLAN FEATURES	IN-NETWORK (Delta Dental PPO)	IN-NETWORK (Delta Dental Premier)	OUT-OF-NETWORK (Non-Participating Dentists)
Annual Deductible			
Per individual per year	\$25	\$25	\$25
Per family per year	\$75	\$75	\$75
Diagnostic and Preventive Services Includes office visits, exams, cleanings and X-rays	100% (no deductible)	100% (no deductible)	90% (no deductible)
Basic Restorative Services Includes fillings, extractions, periodontics, endodontics, oral surgery, space maintainers and sealants	90% after deductible	80% after deductible	70% after deductible
Major Restorative Services Includes crowns, bridges, inlays, onlays, dentures	50% after deductible	50% after deductible	50% after deductible
Orthodontic Treatment 12-month waiting period applies; coverage under any Ameren dental plan applies toward waiting period	50%	50%	50%
Maximum Annual Benefit		\$3,000 per covered individual	
Orthodontic Treatment Lifetime Maximum		\$2,000 per covered individual	
<i>See your Summary Plan Description for additional details on dental coverage.</i>			

Vision

Vision Coverage

Vision coverage is provided through Vision Service Plan (VSP). The vision plan will pay for a portion of your covered expenses as shown in the Schedule of Benefits below. If you use a VSP network provider, you will save money on vision examinations, lenses, contacts and frames.

2018 MONTHLY PAYROLL CONTRIBUTIONS FOR VISION COVERAGE

YOU ONLY	YOU + SPOUSE	YOU + CHILDREN	YOU + FAMILY
\$3	\$6	\$6	\$9

VISION SCHEDULE OF BENEFITS

PLAN FEATURES	VSP PROVIDER (You Pay)	NON-VSP PROVIDER (Out-of-Network) (Plan Pays)
Annual Eye Exam (<i>once every plan year</i>)	\$10 copayment	Up to \$50, after \$10 copayment
Lenses Each Plan Year (<i>cost provided is per lens</i>)		
Single Vision	\$10 copayment	Up to \$50, after \$10 copayment
Lined Bifocal	\$10 copayment	Up to \$75, after \$10 copayment
Lined Trifocal	\$10 copayment	Up to \$100, after \$10 copayment
Lined Lenticular	\$10 copayment	Up to \$125, after \$10 copayment
Frames (<i>once every plan year</i>)	Frame of your choice covered up to \$200 (<i>If frame is a featured brand name, it will be covered up to \$220</i>)	Frame of your choice covered up to \$70
Contact Lenses (<i>once every plan year, you may receive benefits for eyeglasses or contact lenses, but not both</i>)		
Instead of glasses and if medically necessary	Plan pays 100%, after \$10 copayment	Plan pays up to \$210, after \$10 copayment
Instead of glasses, if elective	Plan pays 100% up to \$200	Plan pays 100% up to \$150
Laser Vision Correction Surgery	In addition to discounts available from VSP, there is a \$500 annual benefit for corrective surgical procedures	\$500 annual benefit for corrective surgical procedures

See your Summary Plan Description for additional details on vision coverage.

How to Use Your Vision Benefit

1. Find the eyecare provider that is right for you.
To find a VSP doctor, visit vsp.com or call **800.877.7195**.
2. Review your benefit information at vsp.com before your appointment.
3. At your appointment, tell them you have a VSP plan.

If your provider is in the VSP network, the provider's office will apply the discount to your charges and submit the claim to VSP for processing. If your provider is not in the VSP network, you must go online to vsp.com to complete a claim form or go to myAmeren.com to print a claim form. Submit the claim along with your itemized bill to VSP for payment of the plan benefits at VSP, P.O. Box 385018, Birmingham, AL 35238-5018.

Please note you will not receive an ID card from VSP; however, you can download a Member Vision card at vsp.com. Select **Member Vision Card** under **Benefit Resources**. This card is not required for service.



Flexible Spending Accounts (FSAs)



Don't Miss Your Opportunity to Get Extra Tax Savings

When you enroll in a Flexible Savings Account (FSA), you are not taxed on the money you elect for the year. What this means is your contributions to the FSA are made through before-tax payroll deduction and reduce your taxable income. You use before-tax money to pay for your eligible healthcare expenses, and you pay less in income taxes.

Ameren Offers Three Types of FSAs

HEALTHCARE FSA (HCFSA)—for qualified healthcare expenses including medical, dental or vision for you and your covered dependents.

LIMITED PURPOSE FSA (LPFSA)—for qualified dental and vision expenses for you and your covered dependents. NOTE: This type of FSA is only open to those enrolled in the Health Savings PPO with HSA.

DEPENDENT CARE FSA (DCFSA)—for qualified dependent day care expense for children under age 13 and older adults who are your tax dependents.

You can use these accounts even if you are not enrolled in any other Ameren benefits like medical, dental or vision coverage. Each type of spending account has its own rules, and they are separate accounts, which means you cannot transfer money from one account to another to pay for expenses that should have been covered with the other account. Keep in mind you cannot make changes to the FSA accounts during the year unless you have a qualified change in status that allows you to make changes outside of the Annual Enrollment period

Covered Medical Expenses

For a list of covered medical and dental expenses, see IRS publication 502; [irs.gov/uac/about-publication-502](https://www.irs.gov/uac/about-publication-502). You can use an FSA account for reimbursement of over-the-counter medications in certain situations like the purchase of insulin or medications for which your doctor has written a prescription. Go to [wageworks.com](https://www.wageworks.com) for a list of over-the-counter items eligible for reimbursement through an FSA.

2018 Annual Contribution Limits

The 2018 Healthcare and Limited Purpose FSA contribution limit is \$2,500. The Dependent Care FSA contribution limit is \$5,000. If your spouse also contributes to an FSA, the combination of both accounts cannot exceed the IRS limits. For example, if you contribute \$5,000 to the Dependent Care FSA, your spouse cannot contribute to their Dependent Care account with their employer.

Use It or Lose It

Remember with any FSA account, you must use the entire amount you elect in the same plan year. If you don't use all the money you contribute to your FSA during a specific plan year, you will forfeit the unused amounts. With this in mind, use the FSA calculators to plan how much you would like to put into the account for 2018. The calculator can be found online at myAmeren.com.

Using a Flexible Spending Account: Reimbursement Is Easy!

With a Healthcare FSA or a Limited Purpose FSA, a WageWorks debit card is available to use at the time you have to pay, or you can submit a Pay Me Back claim form online, by fax or by mail. WageWorks may request documentation for debit card claims per IRS guidelines, and documentation is required for online, fax or mail submissions.

For Dependent Care FSA, you will need to pay for the expenses first and then submit a Pay Me Back claim form to WageWorks. Required documentation is listed on the claim form. Keep in mind with the Dependent Care FSA, you will be reimbursed up to the balance available at the time you submit the claim.

Direct Deposit is available for any claims you submit for reimbursement. You must set up your direct deposit online at wageworks.com.

The FSA Debit Card

In 2018, WageWorks will administer the Healthcare, Dependent Care and Limited Purpose

flexible spending accounts. You will receive a debit card from WageWorks and can use it for qualified healthcare expenses. They will be deducted directly from your Healthcare or Limited Purpose (if you are enrolled in the Health Savings PPO with HSA medical plan) FSA. Be sure to keep receipts of your expenses to document their eligibility, and in the event you are required to submit receipts for those expenses. WageWorks may request documentation to verify expenses comply with IRS rules.

Important Information – Benny Card and Tri-Star

In 2017, if you were enrolled in the Ameren Healthcare FSA, you can use your Benny Card - FSA debit card through December 31, 2017. On January 1, 2018, you will no longer be able to use the Benny Card for expenses. For 2017 expenses, you are encouraged to file those FSA claims before December 31, 2017, with Tri-Star. Any 2017 expenses not submitted for reimbursement can be submitted through March 31, 2018, either electronically or through a paper claim to Tri-Star.

If you enrolled in a Healthcare FSA for 2018, you will use the WageWorks debit card and submit expense to WageWorks starting on January 1, 2018.

Expense Substantiation

WageWorks may request documentation to verify an expense is valid under the IRS rules. This process is called substantiation. It is very important to respond to these requests because if you do not, the claims could be determined to be invalid. If this occurs, you will be required to pay back the reimbursements you received. In addition, WageWorks will turn off your debit card if you do not respond. It will remain turned off until you respond to the request. Failing to respond could have tax implications as well.

You Must Enroll in FSAs Every Year

Each year you must re-enroll in each of the FSAs you would like to use for the upcoming year. The elections do not continue from one year to the next due to IRS rules.



TIP

A Healthcare FSA and A Dependent Care FSA Are Not the Same

It's important to know that the Healthcare FSA can only be used to pay for eligible healthcare expenses for you and your spouse and dependents. You cannot use this account to pay for child day care.

The Dependent Care FSA is for expenses related to necessary care for your dependents so you can work—expenses like day care and camps for your children (up to age 13) as well as day care for adults.

Notice for Healthcare FSA Participants

Healthcare expenses of your children, stepchildren or foster children are eligible for reimbursement from the Healthcare FSA until the end of the calendar year in which they reach age 26. Expenses of any other children are eligible for reimbursement only if the child meets the guidelines for being a qualified tax dependent for healthcare purposes as described on page 25.

REMEMBER!

1. FSA "Use it or lose it" rule: If you don't use all the money you contribute to your FSAs during a specific plan year, you will forfeit the unused amounts.
2. Reimbursement of your FSA claims can only be made for expenses incurred under that plan year. An expense is incurred when the service is provided, and not when you are billed or pay for the service.
3. You cannot make changes to your election throughout the year unless you have a qualifying status change.

The Convenience of a Healthcare FSA

There are several options to consider when requesting reimbursements from your Healthcare FSA. Consider each of the options below to decide which works best for you.

E-FILE	WAGEWORKS DEBIT CARD	MAIL OR FAX CLAIMS
Pay your provider the incurred expenses at the time you receive the service. Then, log on to WageWorks for instructions on how to electronically file your claim and provide the supporting documentation. It's quick and easy. By setting up your direct deposit at the same time, your reimbursement will be deposited directly into your bank account the next day.	Pay your provider using your WageWorks debit card at the time of service. It's a great convenience and allows you immediate access to your FSA funds. However, because IRS regulations require supporting documentation of a claim, you may be required to provide receipts for most claims to WageWorks. For these reasons, it's important to save your itemized receipts and promptly submit them to WageWorks when requested.	To submit a paper claim, keep all of your receipts together and then mail or fax a completed Request for Reimbursement form along with the required documentation to WageWorks. Log on to WageWorks to print the Request for Reimbursement form.

Refer to the Cafeteria Plan Summary Plan Description for more information about Healthcare FSA.

If you had a Flexible Spending Account in 2017:

- You should submit claims for 2017 expenses to Tri-Star.
- You have through March 31, 2018, to submit 2017 claims to Tri-Star.
- You will no longer be able to use your Benny debit card to pay for expenses as of January 1, 2018.

Life and AD&D Coverage



START PLANNING NOW

Basic Coverage

Ameren provides a basic amount of Life Insurance and Accidental Death and Dismemberment (AD&D) coverage at no cost to you. Help protect your loved ones by purchasing additional coverage.

Supplemental Coverage

The premium rates will remain the same in 2018 for all supplemental life and AD&D coverage. You may elect one and a half, two or three times your annual pay for your life insurance coverage. Beginning in 2018, your premium for the cost of supplemental coverage will be withheld from your paycheck on an after-tax basis, rather than before-tax. This change allows you to change the amount of coverage you elect at any time during the year.

During Annual Enrollment you can increase coverage by one level, or if not enrolled, can enroll in coverage equal to one and one-half times your annual base pay without Evidence of Insurability (EOI). All other increases in coverage require proof of good health.

If EOI is required when you enroll, you will have an opportunity to provide the information online to Prudential Life Insurance Company. Prudential will contact you directly if additional information is needed.

2018 MONTHLY PAYROLL CONTRIBUTIONS FOR SUPPLEMENTAL EMPLOYEE LIFE PER \$1,000 OF COVERAGE

AGE AS OF DEC. 31, 2018	MONTHLY PAYROLL CONTRIBUTIONS PER \$1,000
Under 30	\$0.062
30-34	\$0.082
35-39	\$0.091
40-44	\$0.112
45-49	\$0.153
50-54	\$0.232
55-59	\$0.437
60-64	\$0.668
65-69	\$1.278
70+	\$2.072

2018 MONTHLY PAYROLL CONTRIBUTIONS FOR SUPPLEMENTAL SPOUSE/CHILD LIFE

SPOUSE LIFE \$25,000	CHILD LIFE \$7,500
\$3.50	\$.50 (regardless of number of children)

SUPPLEMENTAL AD&D

You automatically receive the same amount of Supplemental AD&D as your Supplemental Life enrollment.



TOOL

Do You Have Enough Life Insurance?

To find out how much life insurance you need, log on to myAmeren.com, click on **Enroll Now** and then access the various tools from the home page.

Other Ameren Benefits

Long-Term Disability

For AmerenIllinois Union Full-Time Co-Workers

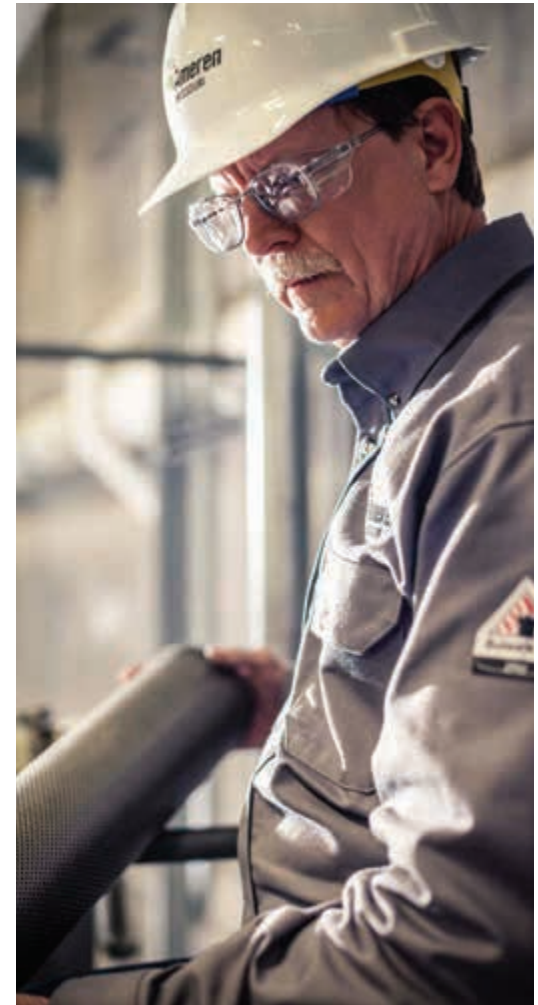
Any co-worker who qualifies for Long-Term Disability benefits with a last day of Active Work of September 8, 2017 or after, will be eligible for benefits under the AmerenIllinois (Former CIPS 702) Long-Term Disability Plan. Highlighted below are some plan benefits:

- Eligibility under the Plan after 12 months of continuous service
- A \$6,500 monthly maximum payment
- Elimination period of 180 days from the last Day of Active Work
- Monthly benefits end after 24-months of payment unless determined Totally Disabled from any gainful occupation and continue to meet additional qualification requirements
- If Medicare eligible, then Medicare is primary payer for medical expenses and Ameren medical plan is secondary
- A six-month survivor benefit
- No waiver of premium offered for Life Insurance

MetLaw Legal Services

MetLaw Legal Services gives you easy access to more than 11,000 carefully selected, experienced network attorneys nationwide who can provide you with a wide range of legal services—all for \$18.90 per month paid through payroll deduction. Plan attorneys can provide you with telephone and office consultations for a number of matters including wills and estate planning, civil litigation defense, debt matters and purchase, sale or refinancing of your primary residence.

If you enroll this fall, you will be covered for services from January 2018 through December 2018. Once you have enrolled, your coverage will continue for subsequent one-year periods until you submit a cancellation request during a future annual enrollment period. For more information about MetLaw Legal Services, call **800.821.6400** or visit **myAmeren.com** and select the **myLife** link.



Work-Life Employee Assistance Program

Ameren provides a confidential Work-Life Employee Assistance Program (EAP) for co-workers and their family members who may be seeking information for simple questions, such as finding day care, ways to de-stress and for complex matters that are affecting their quality of life. The program includes up to six professional counseling sessions at no cost to the co-worker.

The Work-Life EAP also includes additional services that provide support and resources for daily life issues.

WORK-LIFE SERVICES: Professional consultations with work-life specialists who can assist with finding or providing childcare, pregnancy and adoption support, college planning, adult care, education and career development, as well as other services to support everyday life:

- Seminars and webinars on topics, such as achieving balance for working parents and improving your credit score
- Online library and resources
- Discount center offering on average 25% off retail prices for products and services

LEGAL SERVICES: One free consultation with an attorney on each new legal matter that you may encounter, such as will preparation, estate planning, personal or family issues, real estate, civil disputes and more.

FINANCIAL SERVICES: Unlimited telephonic consultations with a financial counselor on issues, such as budgeting, debt consolidation, consumer credit, buying or leasing your next car, retirement, saving for college, IRS matters and more.

Magellan Health Services also offers 24 hours a day, seven days a week access to specialists who can provide guidance, information and referrals to providers. Visit Magellan to take advantage of the many services available to you at magellanhealth.com/member or call them at **800.289.1109**.



TIP

Did You Know?

EAP provides legal and financial consultation services for you and your family on a number of issues. Just call **800.289.1109** for assistance.



Start Planning Now for Retirement

Savings Investment Plan (For All Active Eligible Co-Workers)

Ameren's Savings Investment Plan is a 401(k) plan that enables you to save for retirement on a tax-deferred basis and take advantage of company matching contributions. Ameren also has a Roth contribution option in the plan. Contributing to a 401(k) account through regular payroll deductions is one of the best ways to enhance your retirement security.

You may enroll in the 401(k), change your contribution level and make investment choice changes at any time during the year. You also have the option to elect an automatic percentage increase to help you grow your retirement savings. The percentage automatically increases each year at an amount and on a date that you designate.

You may elect to have your compensation reduced on a before-tax or after-tax (Roth 401(k) Contributions) basis during each payroll period by a whole percentage, between 1% and 100% of your compensation. Effective January 1, 2018, non-Roth after-tax contributions will no longer be permitted. If you have a non-Roth, after-tax account, you will be permitted to maintain the account, but you will no longer be able to contribute toward it.

If you elect to contribute 1-2% from your paycheck into your Savings Investment Plan 401(k) account, Ameren will match your contribution dollar for dollar. If you elect to contribute 3-6% of your paycheck into your 401(k), Ameren will contribute \$.50 for every dollar you contribute.

You may borrow against your account subject to certain provisions. Effective January 1, 2018, you may not have more than two loans outstanding at any time. If you have a third loan outstanding on January 1, 2018, you will be permitted to maintain the third loan but you will not be able to request a third loan after January 1, 2018.

Fidelity is the administrator of Ameren's Savings Investment Plan. For details on the Savings Investment Plan, including the Summary Plan Description:

- Go to **myAmeren.com** and click on the **Ameren 401(k) Plan** link to access Fidelity NetBenefits®. NetBenefits is available 24 hours a day, seven days a week.
- Call Fidelity toll-free at **877.7my.Ameren** (877.769.2637), option 1 from 7:30 a.m. to 11 p.m. CT.

Retirement Plan

Ameren offers a retirement plan which can provide you with a lifetime annuity at your retirement. In most cases, full-time co-workers are eligible to participate in the Ameren retirement plan on the first day of the month coincident with or following employment. You are 100% vested in your benefit after a certain number of years of service with the Company depending on your formula. For information about your retirement plan, including the Summary Plan Description:

- Go to **myAmeren.com** and click on the **Pension Benefits** link. The website is available 24 hours a day, seven days a week.
- Contact the Ameren Benefits Center at **877.7my.Ameren** (877.769.2637), option 2, Monday through Friday, from 8 a.m. to 6 p.m. CT, except on holidays. For TDD communication services for the hearing impaired, call **800.TDD.TDD4** (800.833.8334).

Legal Notices

General Notice of Special Enrollment Rights Under the Health Insurance Portability and Accountability Act (HIPAA)

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in an Ameren medical option if you or your dependents lose eligibility for that other coverage (or if another employer stops contributing toward your or your dependents' other coverage). You must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). The plan will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible.
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days — instead of 31 — from the date of the Medicaid/CHIP eligibility change to request enrollment in the plan. Note that the 60-day period doesn't apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

Also, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself or your dependents in an Ameren medical option. You must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or to learn more, contact the Ameren Benefits Center at **877.7my.Ameren** (877.769.2637), option 2.

Medicare Part D Notice of Creditable Coverage for Prescription Drugs

The prescription drug coverage that is included in the Ameren medical plan for active co-workers referenced in this guide is considered to be creditable coverage with respect to Medicare Part D, except the Health Savings PPO. If you are eligible for Medicare, you will receive a separate notification of this creditable coverage.

HIPAA Notice of Privacy Practices

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this is a reminder that Ameren's group health plan maintains a privacy notice, which provides a complete description of your rights under HIPAA's privacy rules. To obtain a copy of Ameren's privacy notice, please contact the Ameren Benefits Center at **877.7my.Ameren** (877.769.2637), option 2 or visit **myAmeren.com** and click on the **Healthcare & Life Benefits** link, then **Tools & Resources**, and **Documents & Forms**.

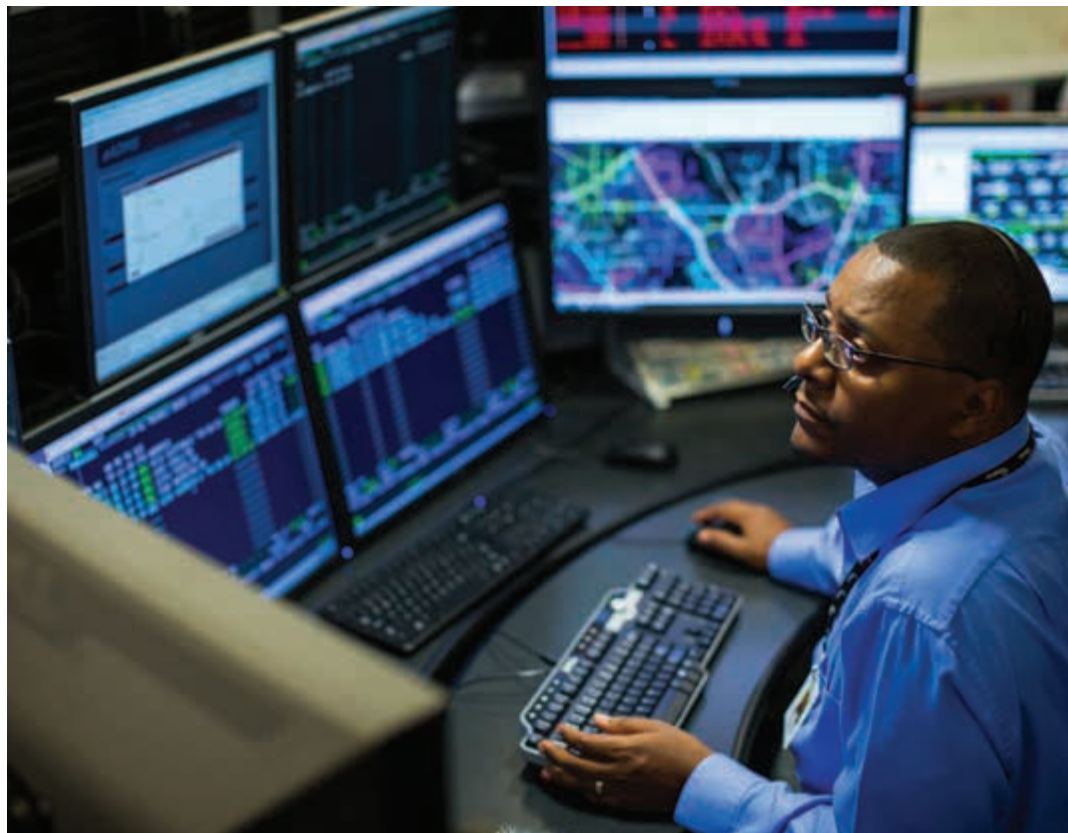
This notice is also available in your Summary Plan Description.

Women's Health and Cancer Rights Act

Under the Women's Health and Cancer Rights Act—and/or according to the provisions of the Ameren Employee Medical Plan and the Ameren Retiree Medical Plan—a participant who receives benefits for a medically necessary mastectomy will also be provided coverage in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis and treatment of physical complications of the mastectomy, including lymphedema.

Benefits will be subject to the same annual deductibles and coinsurance provisions as for all other medically necessary procedures. For more information on mastectomy coverage, contact your healthcare provider.



CONTACT INFORMATION		
Resource	Website	Phone Number
AMEREN BENEFITS CENTER (For enrollment, eligibility, long-term disability, pension and general questions)	FOR HEALTHCARE & LIFE BENEFITS Go to myAmeren.com > Healthcare & Life Benefits FOR PENSION Go to myAmeren.com > Pension Benefits	877.7my.Ameren (877.769.2637), option 2 For hearing-impaired: 800.TDD.TDD4 (800.833.8334) 8 a.m. - 6 p.m. CT, Monday through Friday
ANTHEM BLUECROSS BLUESHIELD (For questions about your medical coverage)	anthem.com TELEMEDICINE livehealthonline.com	844.344.7410 7 a.m. - 6 p.m. CT, Monday through Friday 24/7 NurseLine 800.700.9184 Behavioral Health and Substance Abuse 866.621.0554
FIDELITY (For questions about your HSA)	netbenefits.com	800.544.3716 8 a.m. - 8 p.m. CT, Monday through Friday
WAGeworks (For questions about FSA, DORP and Commuter Pass)	wageworks.com	877.924.3967 8 a.m. - 8 p.m. CT, Monday through Friday
EXPRESS SCRIPTS (For questions about prescription medications or prescription coverage)	express-scripts.com Express Scripts Annual Enrollment Information tool: express-scripts.com/ameren	Express Scripts 888.256.6131 24/7 Accredo Specialty Pharmacy 877.895.9697
DELTA DENTAL (For questions about your dental coverage)	deltadentalmo.com	800.335.8266 7 a.m. - 5 p.m. CT, Monday through Friday
VSP (For questions about your vision coverage)	vsp.com	800.877.7195 24/7
FIDELITY NETBENEFITS (For questions about your 401(k) Savings Investment Plan)	myAmeren.com > Ameren 401(k) plan	877.7my.Ameren (877.769.2637), option 1 7:30 a.m. - 11 p.m. CT, Monday through Friday
MAGELLAN HEALTH SERVICES (For questions about your Work-Life Employee Assistance Program)	magellanhealth.com/member	800.289.1109 24/7
METLAW LEGAL SERVICES PLAN (For questions about legal assistance services)	myAmeren.com > myLife	800.821.6400 7 a.m. - 8 p.m. CT, Monday through Thursday, and from 7 a.m. - 5 p.m. CT, Friday

For more information on your Healthcare & Life benefits, including Summary Plan Descriptions, visit **myAmeren.com**.

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The SPDs for the relevant changes to benefits described in this document will be updated in the future and be available at that time on **myAmeren.com**. In addition, this document serves as a Summary of Material Modification (SMM) as required by the Employee Retirement Income Security Act of 1974 (ERISA). ERISA requires that we inform you of these modifications. If updated SPDs are not yet available to you, this SMM updates the content of your current SPDs. Please keep this document with your current SPDs for future reference. The updated SPDs, when available, which describe these benefits effective as of January 1, 2018, will supersede this SMM in the event of a discrepancy. Ameren reserves the right to suspend, revoke or modify the benefit programs offered to co-workers and retirees. Nothing in this document shall be construed as a contract of employment between Ameren and any co-worker, nor as a guarantee of any co-worker to be continued in the employment of Ameren.

